United Healthcare Medicare Advantage

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Policy Guideline Update Bulletin: January 2024

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Revised

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Policy Title	**Approval Date**	**Summary of Changes**
Immune Globulin	Dec. 13, 2023	**Applicable Codes** ***HCPCS Codes*** • Revised description for Q2052 ***ICD-10 Diagnosis Codes*** • Removed notation indicating only HCPCS code J1559 may be reported for ICD-10 diagnosis code G61.81 **Questions & Answers (Q&A)** • Added Q&A #2 pertaining to HCPCS code Q2052 to indicate IVIG (in-home coverage) will become a permanent benefit of Medicare starting Jan. 1, 2024; suppliers should continue supplying IVIG as usual **Supporting Information** • Updated *References* section to reflect the most current information
Pharmacogenomics Testing	Dec. 13, 2023	**Related Policies** • Removed reference link to the UnitedHealthcare Commercial Medical Policy titled *Pharmacogenetic Panel Testing* **Applicable Codes** ***Provisional Coverage*** • Added CPT codes 0380U, 0411U, and 0419U **Supporting Information** • Updated *References* section to reflect the most current information
Vitamin D Testing	Dec. 13, 2023	**Applicable Codes** ***ICD-10 Diagnosis Codes*** For CPT Code 82306 • Added notation to indicate D13.9 and E20.8 were "deleted Sep. 30, 2023" • Added E20.810, E20.811, E20.812, E20.818, E20.819, E20.89, K90.821, K90.822, K90.829, K90.83, M80.0B1A, M80.0B1D, M80.0B1G, M80.0B1K, M80.0B1P, M80.0B1S, M80.0B2A, M80.0B2D, M80.0B2G, M80.0B2K, M80.0B2P, M80.0B2S, M80.0B9A, M80.0B9D, M80.0B9G, M80.0B9K, M80.0B9P, M80.0B9S, M80.8B1A, M80.8B1D, M80.8B1G, M80.8B1K, M80.8B1P, M80.8B1S, M80.8B2A, M80.8B2D, M80.8B2G, M80.8B2K, M80.8B2P, M80.8B2S, M80.8B9A, M80.8B9D, M80.8B9G, M80.8B9K, M80.8B9P, and M80.8B9S For CPT Code 82652 • Added notation to indicate E20.8 was "deleted Sep. 30, 2023" • Added E20.810, E20.811, E20.812, E20.818, E20.819, E20.89, K90.821, K90.822, K90.829, K90.83, M80.0B1A, M80.0B1D, M80.0B1G, M80.0B1K, M80.0B1P, M80.0B1S, M80.0B2A, M80.0B2D, M80.0B2G, M80.0B2K, M80.0B2P,

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Vitamin D Testing (continued)	Dec. 13, 2023	M80.8B1A, M80.8B1D, M80.8B1G, M80.8B1K, M80.8B1P, M80.8B1S, M80.8B2A, M80.8B2D, M80.8B2G, M80.8B2K, M80.0B2S, M80.8B2P, and M80.8B2S

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Policy Title	**Approval Date**	**Summary of Changes**
Category III CPT Codes	Dec. 13, 2023	**Policy Summary** ***Guidelines*** Coverage Guidelines • Added language to indicate: *Computed Tomography Cerebral Perfusion Analysis (CTP) (CPT Code 0042T)* ○ Medicare does not have a National Coverage Determination (NCD) and Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist *Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedure (CPT Codes 0054T and 0055T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Computer-Assisted Surgical Navigation for Musculoskeletal Procedures* for coverage guidelines for states/territories with no LCDs/LCAs *Focused Ultrasound Ablation of Uterine Leiomyomata (CPT Codes 0071T and 0072T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Abnormal Uterine Bleeding and Uterine Fibroids* for coverage guidelines for states/territories with no LCDs/LCAs *Transcatheter Placement of Extracranial Vertebral Artery Stent(s) (CPT Codes 0075T and 0076T)* ○ Medicare does not have a NCD and LCDs/LCAs exist *Cervical Artificial Disc Replacement (CPT Code 0098T)* ○ Medicare does not have a NCD and LCDs/LCAs exist *Retinal Prosthesis (CPT Code 0100T)* ○ Medicare has determined that the Argus® II device, which is the device that is implanted for the retinal prosthesis implant procedure, is no longer available in the marketplace ○ Medicare also understands that both outpatient hospital providers and ASCs (ambulatory surgical centers) are no longer performing the Argus® II implantation procedure ○ Refer to the Jul. 2022 CMS Transmittals: ▪ 11472 [Update of the Ambulatory Surgical Center (ASC) Payment System]

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Category III CPT Codes (continued)	Dec. 13, 2023	▪ 11457 [Update of the Hospital Outpatient Prospective Payment System (OPPS)] *Extracorporeal Shock Wave Involving Musculoskeletal System (CPT Codes 0101T and 0102T)* ○ Medicare does not have a NCD ○ LCDs/LCAs exist and compliance with these policies is required where applicable; refer to the UnitedHealthcare Commercial Medical Policy titled *Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions and Soft Tissue Wounds* for coverage guidelines for states/territories with no LCDs/LCAs *Quantitative Sensory Testing (QST) (CPT Codes 0106T, 0107T, 0108T, 0109T, and 0110T0)* ○ Medicare does not have a NCD ○ LCDs/LCAs exist and compliance with these policies is required where applicable; refer to the UnitedHealthcare Commercial Medical Policy titled *Neurophysiologic Testing and Monitoring* for coverage guidelines for states/territories with no LCDs/LCAs *Lumbar Artificial Disc Replacement (CPT Codes 0164T and 0165T)* ○ Lumbar artificial disc replacement (LADR) for the members over 60 years of age is not covered; refer to the NCD for *Lumbar Artificial Disc Replacement (LADR) (150.10)* ○ Medicare does not have a NCD for members 60 years of age and younger; coverage determination is to be made by the local contractor and LCDs/LCAs exist *Computer Aided Detection (CAD) Systems (CPT Codes 0174T and 0175T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Transanal Endoscopic Microsurgery (CPT Code 0184T)* ○ Medicare does not have a NCD and LCDs/LCAs exist *Intraocular Pressure Measurement (CPT Codes 0198T and 0329T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Corneal Hysteresis and Intraocular Pressure Measurement* for coverage guidelines for states/territories with no LCDs/LCAs *Percutaneous Sacral Augmentation (Sacroplasty) (CPT Codes 0200T and 0201T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Minimally Invasive Spine Surgery Procedures* for coverage guidelines for states/territories with no LCDs/LCAs *Posterior Vertebral Joint(s) Arthroplasty (CPT Code 0202T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical

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Category III CPT Codes (continued)	Dec. 13, 2023	Policy titled *Spinal Fusion and Decompression* for coverage guidelines for states/territories with no LCDs/LCAs *Evacuation of Meibomian Glands (CPT Codes 0207T and 0563T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Automated Audiometry (CPT Codes 0208T, 0209T, 0210T, 0211T, and 0212T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Facet Joint Interventions (CPT Codes 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0219T, 0220T, 0221T, and 0222T)* ○ Medicare does not have a NCD and LCDs/LCAs exist for all states/territories *Platelet Rich Plasma (CPT Code 0232T)* ○ Medicare does not have a NCD ○ LCDs/LCAs exist and compliance with these policies is required where applicable; refer to the UnitedHealthcare Commercial Medical Policy titled *Prolotherapy and Platelet Rich Plasma Therapies* for coverage guidelines, for states/territories with no LCDs/LCAs *Transluminal Peripheral Atherectomy (CPT Codes 0234T, 0235T, 0236T, 0237T, and 0238T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Anterior Segment Aqueous Drainage Device (CPT Codes 0253T, 0449T, 0450T, 0474T, and 0671T)* ○ Medicare does not have a NCD and LCDs/LCAs exist; refer to the Medicare Advantage Policy Guideline titled *Anterior Segment Aqueous Drainage Device* *Autologous Cellular Therapy (CPT Codes 0263T, 0264T, 0265T, 0489T, 0490T, 0565T, 0566T, 0717T, and 0718T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Autologous Cellular Therapy* for coverage guidelines for states/territories with no LCDs/LCAs *Carotid Sinus Baroreflex Activation Device (CPT Codes 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, and 0273T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Percutaneous Image-Guided Lumbar Decompression (PILD) (CPT Code 0275T)* ○ The Centers for Medicare & Medicaid Services (CMS) has determined that PILD will be covered by Medicare under

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Category III CPT Codes (continued)	Dec. 13, 2023	section *1862(a)(1)(E) of the Social Security Act* through Coverage with Evidence Development (CED) for beneficiaries with LSS who are enrolled in an approved clinical study ○ Refer to the NCD for *Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis (NCD 150.13)* *Scrambler Therapy (CPT Code 0278T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation* for coverage guidelines for states/territories with no LCDs/LCAs *Ocular Telescope (CPT Code 0308T)* ○ Medicare does not have a NCD and LCDs/LCAs exist; refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Ocular Telescope* *Tear Film Imaging (CPT Code 0330T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Myocardial Sympathetic Innervation Imaging (CPT Codes 0331T and 0332T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Visual Evoked Potential, Screening of Visual Acuity (CPT Code 0333T)* ○ Medicare does not have a NCD ○ LCDs/LCAs exist and compliance with these policies is required where applicable; refer to the UnitedHealthcare Commercial Medical Policies titled *Category III Codes* for coverage guidelines, for states/territories with no LCDs/LCAs *Sinus Tarsi Implant (CPT Codes 0335T, 0510T and 0511T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Transcatheter Renal Sympathetic Denervation (CPT Codes 0338T and 0339T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Therapeutic Apheresis with Selective HDL Delipidation and Plasma Reinfusion (CPT Code 0342T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Apheresis* for coverage guidelines for states/territories with no LCDs/LCAs

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Category III CPT Codes (continued)	Dec. 13, 2023	*Transcatheter Mitral Valve Repair (CPT Code 0345T)* ○ Medicare covers transcatheter edge-to-edge repair (TEER) for mitral valve regurgitation under Coverage with Evidence Development (CED); refer to the NCD for *Transcatheter Edge-to-Edge Repair (TEER) for Mitral Valve Regurgitation (NCD 20.33)* *Radiostereometric Analysis (RSA) (CPT Codes 0347T, 0348T, 0349T, and 0350T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Optical Coherence Tomography of Breast (CPT Codes 0351T, 0352T, 0353T, and 0354T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Bioelectrical Impedance Analysis Whole Body Composition Assessment (CPT Code 0358T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *High Dose Rate Electronic Brachytherapy (CPT Codes 0394T and 0395T)* ○ Medicare does not have a NCD and LCDs/LCAs exist *Endoscopic Retrograde Cholangiopancreatography (ERCP) with Optical Endomicroscopy (CPT Code 0397T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) (CPT Code 0398T)* ○ Medicare does not have a NCD and LCDs/LCAs exist for all states/territories *Cardiac Contractility Modulation (CPT Codes 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, and 0418T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Destruction of Neurofibroma (CPT Codes 0419T and 0420T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Transurethral Waterjet Ablation of Prostate (CPT Code 0421T)* ○ Medicare does not have a NCD and LCDs/LCAs exist for all states/territories

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Category III CPT Codes (continued)	Dec. 13, 2023	*Computer-Aided Tactile Breast Imaging (CPT Code 0422T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Breast Imaging for Screening and Diagnosing Cancer* for coverage guidelines for states/territories with no LCDs/LCAs *Neurostimulator System for Treatment of Central Sleep Apnea (CPT Codes 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, and 0436T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Obstructive and Central Sleep Apnea Treatment* for coverage guidelines for states/territories with no LCDs/LCAs *Myocardial Contrast Perfusion Echocardiography (CPT Code 0439T)* ○ Medicare does not have a NCD and LCDs/LCAs exist *Percutaneous Cryoablation (CPT Codes 0440T, 0441T, and 0442T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Drug Eluting Ocular Inserts (CPT Codes 0444T and 0445T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Implantable Interstitial Glucose Sensor (CPT Codes 0446T, 0447T, and 0448T)* ○ Medicare does not have a NCD and LCDs/LCAs exist for all states/territories *Visual Evoked Potential, Testing for Glaucoma (CPT Code 0464T)* ○ Medicare does not have a NCD ○ LCDs/LCAs exist and compliance with these policies is required where applicable; refer to the UnitedHealthcare Commercial Medical Policies titled *Neurophysiologic Testing and Monitoring* for coverage guidelines, for states/territories with no LCDs/LCAs *Suprachoroidal Injection of a Pharmacologic Agent (CPT Code 0465T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Retinal Polarization Scan (CPT Code 0469T)* ○ Retinal polarization scan services have a Status Indicator of 'N' (Non-Covered) on the National Physician Fee Schedule; these services are not covered by Medicare

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Category III CPT Codes (continued)	Dec. 13, 2023	*Retinal Prosthetic Device Evaluation and Programming (CPT Codes 0472T and 0473T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *White Blood Cell Concentrate Injection (CPT Code 0481T)* ○ Medicare does not have a NCD ○ LCDs/LCAs exist and compliance with these policies is required where applicable; refer to the UnitedHealthcare Commercial Medical Policies titled *Category III Codes* for coverage guidelines, for states/territories with no LCDs/LCAs *Transcatheter Mitral Valve Implantation/Replacement (TMVI) with Prosthetic Valve (CPT Codes 0483T and 0484T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Transcatheter Heart Valve Procedures* for coverage guidelines for states/territories with no LCDs/LCAs *Optical Coherence Tomography (OCT) of Middle Ear (CPT Codes 0485T and 0486T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Surgical Preparation of Cadaver Donor Lung(s) (CPT Codes 0494T and 0495T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Endovenous Femoral-Popliteal Arterial Revascularization (CPT Codes 0505T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Heterochromatic Flicker Photometry (CPT Code 0506T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Near-Infrared Dual Imaging of Meibomian Glands (CPT Code 0507T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Electroretinography (ERG) (CPT Code 0509T)* ○ Medicare does not have a NCD and LCDS/LCAs exist

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Category III CPT Codes (continued)	Dec. 13, 2023	*Extracorporeal Shock Wave for Integumentary Wound Healing (CPT Codes 0512T and 0513T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions and Soft Tissue Wounds* for coverage guidelines for states/territories with no LCDs/LCAs *Wireless Cardiac Stimulator for Left Ventricular Pacing (CPT Codes 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, and 0522T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Balloon Sclerotherapy (CPT Code 0524T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Intracardiac Ischemia Monitoring Systems (CPT Codes 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, and 0532T)* ○ Medicare does not have a NCD ○ LCDs/LCAs exist and compliance with these policies is required where applicable; refer to the UnitedHealthcare Commercial Medical Policies titled *Omnibus Codes* for coverage guidelines, for states/territories with no LCDs/LCAs *Movement Disorder Analysis (CPT Codes 0533T, 0534T, 0535T, and 0536T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Neurophysiologic Testing and Monitoring* for coverage guidelines for states/territories with no LCDs/LCAs *Chimeric Antigen Receptor T-cell (CAR-T) Therapy (CPT Codes 0537T, 0538T, 0539T, and 0540T)* ○ CMS covers autologous treatment for cancer with T-cells expressing at least one chimeric antigen receptor (CAR) when administered at healthcare facilities enrolled in the FDA risk evaluation and mitigation strategies (REMS) and used for a medically accepted indication as defined at Social Security Act section 1861(t)(2) ○ Refer to the NCD for *Chimeric Antigen Receptor (CAR) T-cell Therapy (NCD 110.24)* *Magnetocardiography (MCG) (CPT Codes 0541T and 0542T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs

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Category III CPT Codes (continued)	Dec. 13, 2023	*Transapical Mitral Valve Repair (CPT Code 0543T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Transcatheter Heart Valve Procedures* for coverage guidelines for states/territories with no LCDs/LCAs *Transcatheter Mitral Valve Annulus Reconstruction (CPT Code 0544T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Transcatheter Heart Valve Procedures* for coverage guidelines for states/territories with no LCDs/LCAs *Transcatheter Tricuspid Valve Reconstruction, Repair, Implantation (TTVI) or Replacement (CPT Codes 0545T, 0569T, 0570T, and 0646T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Transcatheter* Heart Valve Procedures for coverage guidelines for states/territories with no LCDs/LCAs *Radiofrequency Spectroscopy (CPT Code 0546T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Bone-Material Quality Testing by Microindentation(s) (CPT Code 0547T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Low Level/Cold Laser Light Therapy (LLLT) (CPT Code 0552T)* ○ Medicare does not have a NCD ○ LCDs/LCAs exist and compliance with these policies is required where applicable; refer to the UnitedHealthcare Commercial Medical Policies titled *Category III Codes* for coverage guidelines, for states/territories with no LCDs/LCAs *Iliac Arteriovenous Anastomosis Implant (CPT Code 0553T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Bone Mass Measurement (CPT Codes 0554T, 0555T, 0556T, 0557T, and 0558T)* ○ Medicare does not have a NCD ○ LCDs/LCAs exist and compliance with these policies is required where applicable

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Category III CPT Codes (continued)	Dec. 13, 2023	*Three Dimensional (3D) Printed Anatomic Models (CPT Codes 0559T, 0560T, 0561T, and 0562T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Chemotherapeutic Drug Cytotoxicity Assay of Cancer Stem Cells (CSCS) (CPT Code 0564T)* ○ Human tumor drug sensitivity assays are considered experimental, and therefore, not covered under Medicare at this time ○ Refer to the NCD for Human Tumor Stem Cell Drug Sensitivity Assays (NCD 190.7) ○ LCDs/LCAs exist *Fallopian Tube Occlusion with a Degradable Biopolymer Implant (CPT Code 0567T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Sonosalpingography (CPT Code 0568T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Implantable Cardioverter-Defibrillator System with Substernal Electrode (CPT Codes 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, and 0614T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Cryoablation of Breast Carcinoma and Fibroadenoma (CPT Code 0581T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *High-Energy Water Vapor Thermotherapy (CPT Code 0582T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Prostate Surgeries and Interventions* for coverage guidelines for states/territories with no LCDs/LCAs *Tympanostomy (Requiring Insertion of Ventilating Tube) (CPT Code 0583T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Limb Lengthening Procedure (CPT Code 0594T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs

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Category III CPT Codes (continued)	Dec. 13, 2023	*Female Voiding Prosthesis (CPT Codes 0596T and 0597T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Noncontact Real-Time Fluorescence Wound Imaging (CPT Codes 0598T, and 0599T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Noncontact Warming Therapy, Ultrasound Therapy and Fluorescence Imaging for Wounds* for coverage guidelines for states/territories with no LCDs/LCAs *Irreversible Electroporation Ablation (CPT Codes 0600T and 0601T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Transdermal Glomerular Filtration Rate (GFR) Measurement(s) (CPT Codes 0602T and 0603T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Optical Coherence Tomography (OCT) of Retina (CPT Codes 0604T, 0605T, and 0606T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Remote Monitoring of Pulmonary System (CPT Codes 0607T and 0608T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Magnetic Resonance Spectroscopy (CPT Codes 0609T, 0610T, 0611T, and 0612T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Interatrial Septal Shunt Device Implantation (CPT Code 0613T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Eye-Movement Analysis without Spatial Calibration (CPT Code 0615T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Iris Prosthesis Insertion (CPT Codes 0616T, 0617T, and 0618T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs

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Category III CPT Codes (continued)	Dec. 13, 2023	*Cystourethroscopy with Transurethral Anterior Prostate Commissurotomy (CPT Code 0619T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Endovascular Venous Arterialization (CPT Code 0620T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Trabeculostomy Procedure by Laser (Ab Interno) (CPT Codes 0621T and 0622T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Automated Analysis of Coronary Atherosclerotic Plaque (CPT Codes 0623T, 0624T, 0625T, and 0626T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Percutaneous Injection of Allogeneic Cellular/Tissue-Based Products (CPT Codes 0627T, 0628T, 0629T, and 0630T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Discogenic Pain Treatment* for coverage guidelines for states/territories with no LCDs/LCAs *Hyperspectral Imaging (CPT Code 0631T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Transcatheter Ultrasound Nerve Ablation (CPT Code 0632T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Computed Tomography of the Breast (CPT Codes 0633T, 0634T, 0635T, 0636T, 0637T, and 0638T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Breast Imaging for Screening and Diagnosing Cancer* for coverage guidelines for states/territories with no LCDs/LCAs *Cerebrospinal Fluid Shunt Analysis (CPT Code 0639T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Non-Contact Near-Infrared Spectroscopy (NIRS) (CPT Codes 0640T, 0641T, and 0642T)* ○ Medicare does not have a NCD

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Category III CPT Codes (continued)	Dec. 13, 2023	○ LCDs/LCAs exist and compliance with these policies is required where applicable; refer to the UnitedHealthcare Commercial Medical Policies titled *Omnibus Codes* for coverage guidelines, for states/territories with no LCDs/LCAs *Transcatheter Implantation and Removal Procedures (CPT Codes 0643T, 0644T, and 0645T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Magnetic Gastropexy with Gastrostomy Tube Insertion (CPT Code 0647T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Quantitative Magnetic Resonance Tissue Composition Analysis (CPT Codes 0648T and 0649T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Magnetically Controlled Capsule Endoscopy (CPT Code 0651T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Esophagogastroduodenoscopy (CPT Code 0652T, 0653T, and 0654T)* ○ Medicare does not have a NCD and LCDs/LCAs exist *Transperineal Focal Laser Ablation (CPT Code 0655T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Prostate Surgeries and Interventions* for coverage guidelines for states/territories with no LCDs/LCAs *Vertebral Body Tethering (CPT Code 0656T and 0657T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Vertebral Body Tethering for Scoliosis* for coverage guidelines for states/territories with no LCDs/LCAs *Electrical Impedance Spectroscopy for Automated Melanoma Risk Score (CPT Code 0658T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Intracoronary Infusion of Supersaturated Oxygen (CPT Code 0659T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs

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Category III CPT Codes (continued)	Dec. 13, 2023	*Drug-Eluting Implant Procedures in Eye (CPT Codes 0660T and 0661T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Scalp Cooling (CPT Codes 0662T and 0663T)* ○ Medicare does not have a NCD and LCDs/LCAs exist *Donor Hysterectomy (CPT Codes 0664T, 0665T, 0666T, and 0667T)* ○ Donor hysterectomy services have a Status Indicator of 'N' (Non-Covered) on the National Physician Fee Schedule; these services are not covered by Medicare *Uterus Transplantation (CPT Codes 0668T, 0669T, and 0670T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Cryogen-Cooled Monopolar Radiofrequency (CMRF) (CPT Code 0672T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Benign Thyroid Nodule Ablation (CPT Code 0673T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Diaphragmatic Stimulation System (CPT Codes 0674T, 0675T, 0677T, 0679T, 0680T, 0681T, 0682T, 0683T, 0684T, and 0685T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Malignant Hepatocellular Histotripsy (CPT Code 0686T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Remote, Online and/or Digital Therapy for Amblyopia (CPT Codes 0687T, 0688T, 0704T, 0705T, and 0706T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Visual Information Processing Evaluation and Orthoptic and Vision Therapy* for coverage guidelines for states/territories with no LCDs/LCAs *Quantitative Ultrasound Tissue Characterization (CPT Code 0689T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs

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Category III CPT Codes (continued)	Dec. 13, 2023	*Automated Analysis of Vertebral Fracture (CPT Code 0691T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Aquapheresis (Ultrafiltration) (CPT Code 0692T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Vertebral Motion Analysis (CPT Code 0693T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Diagnostic Dynamic Spinal Visualization and Vertebral Motion Analysis* for coverage guidelines for states/territories with no LCDs/LCAs *Three-Dimensional Imaging and Reconstruction of Breast or Axillary Lymph Node Tissue (CPT Code 0694T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Mapping of Pacemaker or Pacing Cardioverter-Defibrillator Lead(s) (CPT Codes 0695T and 0696T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Posterior Chamber Injection (CPT Code 0699T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Molecular Fluorescent Imaging of Suspicious Nevus (CPT Code 0700T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Subchondral Bone Defect Injection (CPT Code 0707T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Intradermal Immunotherapy (CPT Code 0708T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Noninvasive Arterial Plaque Analysis (CPT Codes 0710T, 0711T, 0712T, and 0713T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs

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Category III CPT Codes (continued)	Dec. 13, 2023	*Transperineal Laser Ablation (TPLA) (CPT Code 0714T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Prostate Surgeries and Interventions* for coverage guidelines for states/territories with no LCDs/LCAs *Coronary Artery Disease (CAD) Risk Score Analysis (CPT Code 0716T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Posterior Lumbar Vertebral Joint Replacement (CPT Code 0719T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Spinal Fusion and Decompression* for coverage guidelines for states/territories with no LCDs/LCAs *Percutaneous Electrical Nerve Field Stimulation (PENFS) (CPT Code 0720T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation* for coverage guidelines for states/territories with no LCDs/LCAs *Tissue Characterization by Quantitative Computed Tomography (CPT Code 0721T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Quantitative Magnetic Resonance Cholangiopancreatography (QMRCP) (CPT Code 0723T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Vestibular Device Procedures (CPT Codes 0725T, 0726T, 0727T, 0728T, and 0729T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *AI-Based Facial Phenotype Analysis (CPT Code 0731T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Immunotherapy Administration with Electroporation (CPT Code 0732T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Remote Body and Limb Kinematic Measurement-Based Therapy (CPT Codes 0733T and 0734T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs

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Category III CPT Codes (continued)	Dec. 13, 2023	*Colonic Lavage with Insertion of Rectal Catheter (CPT Code 0736T)* ○ There are no conditions for which colonic irrigation is medically indicated and no evidence of therapeutic value; accordingly, colonic irrigation cannot be considered reasonable and necessary within the meaning of section *1862(a)(1) of the Act* ○ Refer to the NCD for *Colonic Irrigation (NCD 100.7)* *Xenograft Implantation (CPT Code 0737T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Surgery of the Knee* for coverage guidelines for states/territories with no LCDs/LCAs *Prostate Tissue Ablation by Magnetic Field Induction (CPT Codes 0738T and 0739T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Prostate Surgeries and Interventions* for coverage guidelines for states/territories with no LCDs/LCAs *Remote Insulin Dose Calculation and Monitoring System (CPT Codes 0740T and 0741T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Absolute Quantitation of Myocardial Blood Flow (AQMBF) (CPT Code 0742T)* ○ Medicare does not have a NCD and LCDs/LCAs exist *Bone Strength and Fracture-Risk Assessment (CPT Codes 0743T, 0749T, and 0750T)* ○ Bone strength and fracture-risk assessment services have a Status Indicator of 'N' (Non-Covered) on the National Physician Fee Schedule; these services are not covered by Medicare *Bioprosthetic Valve Insertion (CPT Code 0744T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins* for coverage guidelines for states/territories with no LCDs/LCAs *Cardiac Radioablation (CPT Codes 0745T, 0746T, and 0747T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Stem Cell Injection for Perianal Fistula (CPT Code 0748T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs

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Category III CPT Codes (continued)	Dec. 13, 2023	*Risk-Based Assessment for Cardiac Dysfunction (CPT Code 0765T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Transcutaneous Magnetic Stimulation (tMS) (CPT Codes 0766T, 0767T, 0768T, and 0769T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Omnibus Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Virtual Reality Technology Services (CPT Codes 0771T and 0773T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Sacroiliac Joint Arthrodesis (CPT Codes 0775T and 0809T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Sacroiliac Joint Interventions* for coverage guidelines for states/territories with no LCDs/LCAs *Intra-Brain Hypothermia Induction (CPT Code 0776T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Surface Mechanomyography (sMMG) (CPT Code 0778T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Neurophysiologic Testing and Monitoring* for coverage guidelines for states/territories with no LCDs/LCAs *Gastrointestinal Myoelectrical Activity Study (CPT Code 0779T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Gastrointestinal Motility Disorders, Diagnosis and Treatment* for coverage guidelines for states/territories with no LCDs/LCAs *Bronchoscopy with Radiofrequency Destruction of the Pulmonary Nerves (CPT Codes 0781T and 0782T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Transcutaneous Auricular Neurostimulation (tAN) (CPT Code 0783T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation* for coverage guidelines for states/territories with no LCDs/LCAs

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Category III CPT Codes (continued)	Dec. 13, 2023	Virtual Reality-Facilitated Gait Training (CPT Code 0791T) ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Silver Diamine Fluoride for Dental Caries (CPT Code 0792T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Transcatheter Thermal Nerve Ablation with Catheterization and Angiography (CPT Code 0793T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Pharmaco-Oncologic Treatment Planning (CPT Code 0794T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Permanent Dual-Chamber Leadless Pacemaker (CPT Codes 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, and 0804T)* ○ Medicare covers leadless pacemakers through Coverage with Evidence Development (CED); refer to the NCD for *Leadless Pacemakers (NCD 20.8.4)* *Caval Valve Implantation (CAVI) (CPT Codes 0805T and 0806T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Pulmonary Tissue Ventilation Analysis (CPT Codes 0807T and 0808T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs *Subretinal Injection with Vitrectomy and Retinotomies (CPT Code 0810T)* ○ Medicare does not have a NCD and LCDs/LCAs do not exist; refer to the UnitedHealthcare Commercial Medical Policy titled *Category III Codes* for coverage guidelines for states/territories with no LCDs/LCAs **Applicable Codes** ***CPT Codes*** Non-Covered • Added notation to indicate: ○ 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0465T, 0479T, 0480T, 0533T, 0534T, 0535T, 0536T, 0584T, 0585T, 0586T, 0641T, 0642T, 0768T, 0769T, 0775T, and 0809T were

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Category III CPT Codes (continued)	Dec. 13, 2023	"deleted Dec. 31, 2023" ○ 0488T, 0591T, 0592T, and 0593T were "deleted Dec. 31, 2022" ● Removed 0423T, 0662T, 0671T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, and 0804T ● Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Human Tumor Stem Cell Drug Sensitivity Assays (NCD 190.7)* for 0564T ● Revised description for 0517T, 0518T, 0519T, 0520T, 0640T, 0656T, 0657T, 0766T, and 0767T Provisional Coverage ● Added 0164T, 0165T, 0394T, 0395T, 0537T, 0538T, 0539T, 0540T, 0662T, 0663T, 0671T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, and 0804T ● Added notation to indicate 0501T, 0502T, 0503T, 0504T, and 0508T were "deleted Dec. 31, 2023" ● Removed 0191T, 0355T, 0376T, 0466T, 0467T, 0468T, 0548T, 0549T, 0550T, and 0551T ● Removed list of applicable codes: 0163T, 0164T, 0165T, 0356T, 0394T, 0395T, 0537T, 0538T, 0539T, 0540T, and 0571T ● Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *[Transcatheter Edge-to-Edge Repair (TEER) for Mitral Valve Regurgitation (NCD 20.33)]* for 0345T **Supporting Information** ● Updated *References* section to reflect the most current information ● Modified *Purpose* section; added language to indicate: ○ UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage ○ The clinical coverage criteria governing the items or services in this Policy Guideline have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD; as a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare Commercial policies referenced in this Policy Guideline ▪ The coverage criteria in these Commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines ▪ UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member

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Molecular Diagnostic Infectious Disease Testing	Dec. 13, 2023	**Policy Summary**
		Guidelines
		Molecular Infectious Disease Panels for Infectious Disease Pathogen Identification Testing
		• Updated list of examples of molecular infectious disease panels addressed by Medicare; added:
		  ○ Arthropod Infection Panels
		  ○ Joint Infection Panels
		Applicable Codes
		• Added CPT codes 0369U, 0370U, 0371U, 0372U, 0373U, 0374U, 0402U, and 0416U
		Coding Clarification
		• Updated notation pertaining to the list of non-covered diagnosis codes; added language indicating Z11.3 and Z04.81 are excluded from non-coverage for CPT codes 0352U, 0402U, 81513, 81514, and 87999
		Supporting Information
		• Updated *References* section to reflect the most current information

Molecular Pathology/ Genetic Testing Reported with Unlisted Codes	Dec. 13, 2023	**Policy Summary**
		Covered Indications
		For CPT Code 81479
		Molecular Assays for the Diagnosis of Cutaneous Melanoma
		• Added language to indicate:
		  ○ The purpose of this test is to assist dermatopathologists to arrive at the correct diagnosis of melanoma versus non-melanoma when examining skin biopsies
		  ○ There is limited coverage for molecular Deoxyribonucleic acid (DNA)/Ribonucleic acid (RNA) assays that aid in the diagnosis or exclusion of melanoma from a biopsy when **all** of the following clinical conditions are met:
		  ▪ The test is ordered by a board-certified or board-eligible dermatopathologist
		  ▪ The specimen is a primary (non-metastatic, non-re-excision specimen) cutaneous melanocytic neoplasm for which the diagnosis is equivocal/uncertain (i.e., clear distinction between benign or malignant cannot be achieved using clinical and/or histopathological features alone) despite the performance of standard-of-care test procedures and relevant ancillary tests (i.e., immunohistochemical stains)
		  ▪ The specimen includes an area representative of the lesion or portion of the lesion that is suspicious for malignancy
		  ▪ The patient may be subjected to additional intervention, such as re-excision and/or sentinel lymph node biopsy, as a result of the diagnostic uncertainty
		  ▪ The patient has not been tested with the same or similar assay for the same clinical lesion

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Policy Title	**Approval Date**	**Summary of Changes**
Molecular Pathology/ Genetic Testing Reported with Unlisted Codes (continued)	Dec. 13, 2023	▪ The test is validated for use in the intended-use population and is performed according to its stated intended-use ▪ The test demonstrates Analytical and Clinical Validity (AV and CV) and Clinical Utility (CU) and undergoes a technical assessment (TA) to demonstrate compliance of the service with this policy ○ Tests that demonstrate similar indicated uses and equivalent or superior performance to covered tests may similarly be covered **Applicable Codes** ***Molecular Pathology/Genetic Testing Reported with Unlisted Codes: Diagnosis Codes*** For CPT Code 81479 (InVisionFirst, Liquid Biopsy for Non-Small Cell Lung Cancer) ● Removed C34.00, C34.10, C43.30, and C34.80 For CPT Code 81479 (HERmark® Assay) ● Removed list of applicable codes: C50.011, C50.012, C50.021, C50.022, C50.111, C50.112, C50.121, C50.122, C50.211, C50.212, C50.221, C50.222, C50.311, C50.312, C50.321, C50.322, C50.411, C50.412, C50.421, C50.422, C50.511, C50.512, C50.521, C50.522, C50.611, C50.612, C50.621, C50.622, C50.811, C50.812, C50.821, C50.822, C50.911, C50.912, C50.921, C50.922, and C79.81 For CPT Code 81479 (Androgen Receptor Variant AR-V7 Protein Test) ● Removed C78.00 and C78.30 For CPT Code 81479 (Molecular Assays for the Diagnosis of Cutaneous Melanoma) ● Added list of applicable codes: D22.0, D22.10, D22.111, D22.112, D22.121, D22.122, D22.20, D22.21, D22.22, D22.39, D22.4, D22.5, D22.61, D22.62, D22.71, D22.72, D22.9, and D48.5 For CPT Code 84999 (Avise PG Assay) ● Removed list of applicable codes: M05.011, M05.012, M05.021, M05.022, M05.031, M05.032, M05.041, M05.042, M05.051, M05.052, M05.061, M05.062, M05.071, M05.072, M05.09, M05.111, M05.112, M05.121, M05.122, M05.131, M05.132, M05.141, M05.142, M05.151, M05.152, M05.161, M05.162, M05.171, M05.172, M05.19, M05.211, M05.212, M05.221, M05.222, M05.231, M05.232, M05.241, M05.242, M05.251, M05.252, M05.261, M05.262, M05.271, M05.272, M05.29, M05.311, M05.312, M05.321, M05.322, M05.331, M05.332, M05.341, M05.342, M05.351, M05.352, M05.361, M05.362, M05.371, M05.372, M05.39, M05.411, M05.412, M05.421, M05.422, M05.431, M05.432, M05.441, M05.442, M05.451, M05.452, M05.461, M05.462, M05.471, M05.472, M05.49, M05.511, M05.512, M05.521, M05.522, M05.531, M05.532, M05.541, M05.542, M05.551, M05.552, M05.561, M05.562, M05.571, M05.572, M05.59, M05.611, M05.612, M05.621, M05.622, M05.631, M05.632, M05.641, M05.642, M05.651, M05.652, M05.661, M05.662, M05.671, M05.672, M05.69, M05.711, M05.712, M05.721, M05.722, M05.731, M05.732, M05.741, M05.742, M05.751, M05.752, M05.761, M05.762, M05.771, M05.772, M05.79, M05.7A, M05.811, M05.812, M05.821, M05.822, M05.831,

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Molecular Pathology/ Genetic Testing Reported with Unlisted Codes (continued)	Dec. 13, 2023	M05.832, M05.841, M05.842, M05.851, M05.852, M05.861, M05.862, M05.871, M05.872, M05.89, M05.8A, M06.011, M06.012, M06.021, M06.022, M06.031, M06.032, M06.041, M06.042, M06.051, M06.052, M06.061, M06.062, M06.071, M06.072, M06.09, M06.0A, M06.211, M06.212, M06.221, M06.222, M06.231, M06.232, M06.241, M06.242, M06.251, M06.252, M06.261, M06.262, M06.271, M06.272, M06.29, M06.311, M06.312, M06.321, M06.322, M06.331, M06.332, M06.341, M06.342, M06.351, M06.352, M06.361, M06.362, M06.371, M06.372, M06.39, M06.811, M06.812, M06.821, M06.822, M06.831, M06.832, M06.841, M06.842, M06.851, M06.852, M06.861, M06.862, M06.871, M06.872, M06.89, M06.8A, Z79.899, Z92.21, Z92.25, and Z92.29 **Supporting Information** • Updated *References* section to reflect the most current information

Molecular Pathology/ Molecular Diagnostics/ Genetic Testing	Dec. 13, 2023	**Related Policies**
		• Removed reference link to the UnitedHealthcare Medicare Advantage Policy titled:
		  ○ *Human Tumor Stem Cell Drug Sensitivity Assays (NCD 190.7)*
		  ○ *Molecular Pathology Procedures for Human Leukocyte Antigen (HLA) Typing*
		Policy Summary
		Overview
		• Revised language to indicate:
		  ○ A molecular diagnostic test (MDT) is any test that involves the detection or identification of nucleic acid(s) deoxyribonucleic acid/ribonucleic acid (DNA/RNA), proteins, chromosomes, enzymes, cancer chemotherapy sensitivity, and/or other metabolite(s)
		  ▪ The test may or may not include multiple components
		  ▪ A MDT may consist of a single mutation analysis/identification, and/or may or may not rely upon an algorithm or other form of data evaluation/derivation
		  ○ A laboratory developed test (LDT) is any test developed by a laboratory developed without Food and Drug Administration (FDA) approval or clearance
		• Removed content/language addressing:
		  ○ Gene expression assays for breast cancer treatment
		  ○ Molecular assays for prostate cancer
		  ○ Gene identification
		  ○ Bladder tumor markers
		  ○ Transplant recipients
		  ○ Assays for rheumatoid arthritis
		  ○ Melanoma
		  ○ Thyroid

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Policy Title	**Approval Date**	**Summary of Changes**
Molecular Pathology/ Molecular Diagnostics/ Genetic Testing (continued)	Dec. 13, 2023	○ Genetic testing for myeloproliferative disease Applicable Tests/Assays ● Added language to indicate: ○ In addition to the MDT definition, this policy applies to all tests that meet at least one of the following descriptions: ▪ Non-FDA approved/cleared laboratory developed tests (LDT) ▪ Modified FDA-approved/cleared kits/tests/assays ▪ Tests/assays billed with more than one code from a HIPAA compliant code set to identify the service, including combinations of method-based, serology-based, and anatomic pathology codes ▪ Medicare expects laboratory providers to follow test indications published by the developer ***Guidelines*** ● Added language to indicate molecular pathology procedures have broad clinical and research applications; the following examples of applications may not be relevant to a Medicare member or may not meet a Medicare benefit category and/or reasonable and necessary threshold for coverage; such examples include genetic testing and genetic counseling (when applicable) for: ▪ Disease risk ▪ Carrier screening ▪ Hereditary cancer syndromes ▪ Gene expression profiling for certain cancers ▪ Prenatal diagnostic testing ▪ Diagnosis and monitoring non-cancer indications ▪ Several pharmacogenomic applications ● Replaced language indicating: ○ "Based on the Centers for Medicare & Medicaid Services (CMS) *Program Integrity Manual (100-08),* this policy addresses the circumstances under which the item or service is reasonable and necessary *under the Social Security Act, §1862(a)(1)(A)*" with "based on the Centers for Medicare & Medicaid Services (CMS), this policy addresses the circumstances under which the item or service is reasonable and necessary" ○ "For laboratory services, a service *can* be reasonable and necessary if the service is safe and effective" with "for laboratory services, a service *may* be reasonable and necessary if the service is safe and effective" ● Removed language indicating screening services, such as pre-symptomatic genetic tests and services, are those used to detect an undiagnosed disease or disease predisposition, and as such are not a Medicare benefit and not covered by Medicare ○ Medicare may not reimburse the costs of tests/examinations that assess the risk for and/or of a condition unless the risk assessment clearly and directly effects the management of the patient

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Molecular Pathology/ Molecular Diagnostics/ Genetic Testing (continued)	Dec. 13, 2023	○ Medicare does cover a broad range of legislatively mandated preventive services to prevent disease, detect disease early when it is most treatable and curable, and manage disease so that complications can be avoided ○ These services can be found on the CMS website at http://www.cms.gov/PrevntionGenInfo/ ***Documentation Guidelines*** ● Removed language indicating providers are required to code to specificity however, if an unlisted CPT code is used, the documentation must clearly identify the unique procedure performed ○ When multiple procedure codes are submitted on a claim (unique and/or unlisted) the documentation supporting each code should be easily identifiable ○ If on review UnitedHealthcare cannot link a billed code to the documentation, these services will be denied ***Nationally Non-Covered Indications*** ● Added language (relocated from the *Guidelines* section) to indicate: ○ 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..." ○ 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" **Applicable Codes** ***CPT Codes*** Non-Covered ● Removed 81493 ● Revised description for 81171, 81172, 81243, and 81244 Provisional Coverage ● Added notation to indicate 0053U was “deleted Jun. 30, 2023” ● Added 0359U, 0364U, 0378U, 0379U, 0386U, 0388U, 0389U, 0391U, 0395U, 0396U, 0397U, 0398U, 0400U, 0403U, 0405U, 0409U, 0410U, 0413U, and 0417U ● Removed 0105U, 0168U, 0208U, and 81441 ● Revised description for 0269U, 0271U, 0272U, 0274U, 0277U, 0278U, 0356U, 0362U, 81445, 81449, 81450, 81451, 81455, and 81456 ***Diagnosis Codes*** For CPT Code 0090U ● Added notation to indicate D22.30, D22.60, D22.70, and D49.2 were “deleted Aug. 13, 2023”

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Policy Title	**Approval Date**	**Summary of Changes**
Molecular Pathology/ Molecular Diagnostics/ Genetic Testing (continued)	Dec. 13, 2023	For CPT Codes 81272 and 81314 • Added D48.110, D48.111, D48.112, D48.113, D48.114, D48.115, D48.116, D48.117, D48.118, D48.119, D48.19 For CPT Code 81554 • Removed D86.0, J60, J67.0, J67.1, J67.2, J67.3, J67.4, J67.5, J67.6, J67.7, J67.8, J67.9, J84.09, J84.114, J84.115, J84.117, J84.170, J84.178, J84.2, and J84.89 **Supporting Information** • Updated *References* section to reflect the most current information
Positron Emission Tomography (PET) Scan	Dec. 13, 2023	**Policy Summary** ***Guidelines*** • Added language to indicate: ○ Effective Oct. 13, 2023, Centers for Medicare & Medicaid Services (CMS) removed National Coverage Determination (NCD) 220.6.20, ending coverage with evidence development (CED) for positron emission tomography (PET) beta amyloid imaging and permitting Medicare coverage determinations for PET beta amyloid imaging to be made by the Medicare Administrative Contractors • Removed language indicating: ○ Medicare covers fluorodeoxyglucose (FDG)-PET for pre-surgical evaluation for the purpose of localization of a focus of refractory seizure activity ○ Medicare covers FDG Positron Emission Tomography (PET) scans for either the differential diagnosis of fronto-temporal dementia (FTD) and Alzheimer's disease (AD) under specific requirements; or its use in a CMS-approved practical clinical trial focused on the utility of FDG PET in the diagnosis or treatment of dementing neurodegenerative diseases ○ CMS continues to nationally cover one FDG PET study for beneficiaries who have cancers that are biopsy proven or strongly suspected based on other diagnostic testing when the beneficiary's treating physician determines that the FDG PET study is needed to determine the location and/or extent of the tumor for the following therapeutic purposes related to the initial anti-tumor treatment strategy: ▪ To determine whether or not the beneficiary is an appropriate candidate for an invasive diagnostic or therapeutic procedure; or ▪ To determine the optimal anatomic location for an invasive procedure; or ▪ To determine the anatomic extent of tumor when the recommended anti-tumor treatment reasonably depends on the extent of the tumor ○ There is sufficient evidence that the use of PET Aß imaging is promising in two scenarios:

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Positron Emission Tomography (PET) Scan (continued)	Dec. 13, 2023	▪ To exclude Alzheimer's disease (AD) in narrowly defined and clinically difficult differential diagnoses, such as AD versus frontotemporal dementia (FTD); and ▪ To enrich clinical trials seeking better treatments or prevention strategies for AD, by allowing for selection of patients on the basis of biological as well as clinical and epidemiological factors ▪ Therefore, CMS will cover one PET Aß scan per patient through coverage with evidence development (CED), under *§1862(a)(1)(E) of the Act*, in clinical studies that meet the criteria listed in NCD for *Beta Amyloid Positron Tomography in Dementia and Neurodegenerative Disease (220.6.20)* **Applicable Codes** ***HCPCS Codes*** ● Removed notation indicating A9586, Q9982, and Q9983 are "covered only in a clinical trial" ***Modifier Codes*** ● Removed Q0 ***Diagnosis Codes*** Myocardial Imaging ● Added notation to indicate I22.9, I25.2, I25.3, I25.41, I25.42, I25.83, and I47.20 were "deleted Sep. 30, 2023" **Supporting Information** ● Updated *References* section to reflect the most current information
Posturography	Dec. 13, 2023	**Policy Summary** ***Guidelines*** American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS) ● Replaced language indicating "*in a 2014 position statement,* AAO-HNS recognizes that the [listed] tests or *treatments* are medically indicated and appropriate in the evaluation or treatment of persons with suspected balance or dizziness disorders" with "AAO-HNS recognizes that the [listed] tests or *evaluation tools* are medically indicated and appropriate in the evaluation or treatment of *certain* persons with suspected balance or dizziness disorders" ● Added language to indicate: ○ Diagnostic audiologic testing (including hearing and balance assessment services) is covered when performed by a physician or a qualified audiologist ○ An individual with a master's or doctoral degree in audiology and is licensed as such by the relevant State is considered to be a qualified audiologist ○ In addition to required licensure, audiologists are encouraged to obtain a Certificate of Clinical Competence from the American Speech-Language-Hearing Association (ASHA)

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Posturography (continued)	Dec. 13, 2023	**Supporting Information** • Updated *References* section to reflect the most current information
Xgeva®, Prolia® (Denosumab)	Dec. 13, 2023	**Policy Summary** ***Guidelines*** Indications • Replaced language indicating "Xgeva® for *all patients* is allowed when the patient is taking calcium and vitamin D supplements as necessary to treat or prevent hypocalcemia" with "Xgeva® for *treatment of all FDA approved indications* is allowed when the patient is taking calcium and vitamin D supplements as necessary to treat or prevent hypocalcemia" **Supporting Information** • Updated *References* section to reflect the most current information

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.

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

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.

The complete library of UnitedHealthcare Medicare Advantage Policy Guidelines is available at **UHCprovider.com** > Policies and Protocols > Medicare Advantage Policies > Policy Guidelines.