

UnitedHealthcare Medicare Advantage Policy Guideline Update Bulletin: March 2023

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Policy Guideline Updates

Updated		
Policy Title	Approval Date	Summary of Changes
Blood-Derived Products for Chronic Non-Healing Wounds (NCD 270.3)	Feb. 8, 2023	<p>Applicable Codes</p> <ul style="list-style-type: none"> Updated notation to indicate HCPCS code G0460 is “non-covered” <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Home Blood Glucose Monitors (NCD 40.2)	Feb. 8, 2023	<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>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Lumbar Artificial Disc Replacement (LADR) (NCD 150.10)	Feb. 8, 2023	<p>Applicable Codes</p> <ul style="list-style-type: none"> Added notation to indicate CPT code 0163T was “deleted Dec. 31, 2022” Added CPT code 22860 <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	Feb. 8, 2023	<p>Applicable Codes</p> <p>CPT Codes</p> <p>Provisional Coverage</p> <ul style="list-style-type: none"> Added 0355U, 0356U, 0362U, 0363U, 81441, 81449, 81451, and 81456 Revised description for 0022U <p>Diagnosis Codes</p> <p>For CPT Codes 0026U and 0287U</p> <ul style="list-style-type: none"> Added C73 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Pharmacogenomics Testing	Feb. 8, 2023	<p>Applicable Codes</p> <p>Provisional Coverage</p> <ul style="list-style-type: none"> Added CPT code 81418 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information

Policy Guideline Updates

Updated		
Policy Title	Approval Date	Summary of Changes
Porcine Skin and Gradient Pressure Dressings (NCD 270.5)	Feb. 8, 2023	Applicable Codes <i>Porcine Skin Substitutes</i> <ul style="list-style-type: none"> Revised description for HCPCS code A2004
Revised		
Policy Title	Approval Date	Summary of Changes
Infusion Pumps (NCD 280.14)	Feb. 8, 2023	Policy Summary <i>Nationally Covered Indications</i> <ul style="list-style-type: none"> Added <i>Coding Guidelines</i> to indicate: <ul style="list-style-type: none"> For claims submitted on or after Mar. 1, 2023, suppliers must add the KX modifier to claim lines billed for the external infusion pump, drugs, and supplies for dates of service on or after Jan. 1, 2023, only if all of the coverage criteria have been met The KX modifier requirement will continue to be required for HCPCS codes E0784 and J1817 for any date of service billed, if applicable Applicable Codes <i>HCPCS Codes</i> Medications <ul style="list-style-type: none"> Added HCPCS code J1574 <i>Diagnosis Codes</i> For HCPCS Codes J1555 and J1575 <ul style="list-style-type: none"> Added notation to indicate B20, C91.10, C91.11, C91.12, D59.0, D59.11, D59.12, D59.13, D59.19, D69.3, D69.41, D69.6, D70.8, G25.82, G35, G61.0, G61.81, G61.82, G61.89, G62.89, G64, G70.00, G70.01, H46.8, L10.0, L10.1, L10.2, L10.3, L10.4, L10.5, L10.81, L10.89, L10.9, L12.0, L12.1, L12.8, L12.9, L13.8, L14, L40.1, M30.3, M33.00, M33.01, M33.02, M33.03, M33.09, M33.10, M33.11, M33.12, M33.13, M33.19, M33.20, M33.21, M33.22, M33.29, M33.90, M33.91, M33.92, M33.93, M33.99, M36.0, T86.00, T86.01, T86.02, T86.03, T86.09, and T86.11 were “deleted Feb. 4, 2023” Added D80.8, D81.31, and D81.4 For HCPCS Codes J1558, J7799 (Cutaquig), and J1551 <ul style="list-style-type: none"> Added D80.1, D80.8, D81.31, and D81.4 For HCPCS Code J1559 <ul style="list-style-type: none"> Added D80.1, D80.8, D81.31, and D81.4 Supporting Information <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information

Policy Guideline Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Negative Pressure Wound Therapy Pumps	Feb. 8, 2023	<p>Policy Summary</p> <p><i>Guidelines</i></p> <ul style="list-style-type: none"> Removed language indicating a written order must be received by the DME provider prior to submission of the claim <p>Continued Coverage</p> <ul style="list-style-type: none"> Replaced language indicating: <ul style="list-style-type: none"> “When NPWT therapy exceeds 4 months on the most recent wound and reimbursement ends, individual consideration for one additional month at a time may be sought <i>using the appeals process</i>” with “when NPWT therapy exceeds 4 months on the most recent wound and reimbursement ends, individual consideration for one additional month at a time may be sought” “Information from the treating practitioner’s medical record, contemporaneous with each requested one-month treatment time period extension, must be submitted <i>with each appeal explaining the special circumstances necessitating the extended month of therapy</i>” with “information from the treating practitioner’s medical record, contemporaneous with each requested one-month treatment time period extension, must be submitted” <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Retired		
The following Policy Guideline has been retired effective Feb. 8, 2023: <i>Biofeedback Therapy</i> .		

General Information

This bulletin provides a list of new, updated, revised, replaced and/or retired UnitedHealthcare Medicare Advantage Policy Guidelines to reflect the most current clinical coverage rules and guidelines developed by the Centers for Medicare & Medicaid Services (CMS). The inclusion of a health service (e.g., test, drug, device or procedure) in this bulletin indicates only that UnitedHealthcare has recently adopted a new policy and/or updated, revised, replaced or retired an existing policy; it does not imply that UnitedHealthcare provides coverage for the health service. In the event of an inconsistency or conflict between the information provided in this bulletin and the posted policy, the provisions of the posted policy will prevail. Note that most benefit plan documents exclude from benefit coverage health services identified as investigational or unproven/not medically necessary. Physicians and other health care professionals may not seek or collect payment from a member for services not covered by the applicable benefit plan unless first obtaining the member's written consent, acknowledging that the service is not covered by the benefit plan and that they will be billed directly for the service.

UnitedHealthcare respects the expertise of the physicians, health care professionals, and their staff who participate in our network. Our goal is to support you and your patients in making the most informed decisions regarding the choice of quality and cost-effective care, and to support practice staff with a simple and predictable administrative experience. The Policy Update Bulletin was developed to share important information regarding UnitedHealthcare Medicare Advantage Policy Guideline updates. When information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law.

Note: The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable CMS, federal, or state regulatory requirements. Additionally, UnitedHealthcare reserves the right to review the clinical evidence supporting the safety and effectiveness of a medical technology prior to rendering a coverage determination.

Policy Update Classifications

New

New coverage guidelines have been adopted for a health service (e.g., test, drug, device or procedure)

Updated

An existing policy has been reviewed and changes have not been made to the coverage guidelines; however, items such as the definitions or references may have been updated

Revised

An existing policy has been reviewed and revisions have been made to the coverage guidelines

Replaced

An existing policy has been replaced with a new or different policy

Retired

An existing policy has been retired



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