

# UnitedHealthcare Medicare Advantage Policy Guideline Update Bulletin: March 2024

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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. 14, 2024	<p><b>Related Policies</b></p> <ul style="list-style-type: none"> <li>Removed reference link to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Wound Treatments</i></li> </ul>
Coronary Fractional Flow Reserve Using Computed Tomography (FFR-ct)	Feb. 14, 2024	<p><b>Applicable Codes</b></p> <p><b>CPT Codes</b></p> <ul style="list-style-type: none"> <li>Added 75580</li> <li>Added notation to indicate 0501T, 0502T, 0503T, and 0504T were “deleted Dec. 31, 2023”</li> </ul> <p><b>Diagnosis Codes</b></p> <ul style="list-style-type: none"> <li>Removed C38.0, C45.2, C79.89, D15.1, I20.0, I20.8, I20.9, I24.0, I25.10, I25.110, I25.111, I25.118, I25.119, I25.2, I25.3, I25.41, I25.42, I25.5, I25.6, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812, I25.89, I25.9, I27.0, I31.0, I31.1, I31.2, I31.3, I31.4, I31.8, I31.9, I34.0, I34.1, I34.2, I34.8, I34.9, I35.0, I35.1, I35.2, I35.8, I35.9, I48.0, I48.11, I48.19, I48.20, I48.21, I48.3, I48.4, I48.91, I48.92, I49.01, I49.02, I71.01, I71.1, I71.2, Q20.1, Q20.2, Q20.3, Q20.4, Q20.5, Q20.6, Q20.8, Q20.9, Q21.0, Q21.1, Q21.2, Q21.3, Q21.4, Q21.8, Q21.9, Q22.0, Q22.1, Q22.2, Q22.3, Q22.4, Q22.5, Q22.6, Q22.8, Q22.9, Q23.0, Q23.1, Q23.2, Q23.3, Q23.4, Q23.8, Q23.9, Q24.0, Q24.1, Q24.2, Q24.3, Q24.4, Q24.5, Q24.8, Q24.9, Q25.0, Q25.1, Q25.3, Q25.5, Q25.6, Q25.71, Q25.72, Q25.79, Q25.8, Q25.9, Q26.0, Q26.1, Q26.2, Q26.3, Q26.4, Q26.8, Q26.9, R07.2, R07.82, R07.89, R07.9, R94.39, Z45.010, and Z45.018</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> </ul>
Diagnostic Radiology Services	Feb. 14, 2024	<p><b>Applicable Codes</b></p> <p><b>Ultrasound Diagnostic Procedures</b></p> <ul style="list-style-type: none"> <li>Removed CPT codes 76376 and 76377</li> </ul>
Percutaneous Ventricular Assist Device	Feb. 14, 2024	<p><b>Applicable Codes</b></p> <p><b>Diagnosis Codes</b></p> <ul style="list-style-type: none"> <li>Removed notation indicating I5A, I50.1, I50.20, I50.22, I50.30, I50.31, I50.32, I50.33, I50.40, I50.42, I50.84, I50.9, I51.4, I51.9, I97.0, I97.710, and I97.711 were “deleted Nov. 1, 2023”</li> </ul>

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Policy Title	Approval Date	Summary of Changes
Pharmacogenomics Testing	Feb. 14, 2024	<p><b>Applicable Codes</b></p> <p><b>CPT Codes</b></p> <p>Provisional Coverage</p> <ul style="list-style-type: none"> <li>Added 0423U</li> </ul> <p><b>Diagnosis Codes</b></p> <p>For CPT Code 81335</p> <ul style="list-style-type: none"> <li>Added C91.10 and C91.11</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> </ul>
Pneumatic Compression Devices (NCD 280.6)	Feb. 14, 2024	<p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>Added ICD-10 diagnosis code I97.89</li> </ul>
Spravato® (Esketamine)	Feb. 14, 2024	<p><b>Related Policies</b></p> <ul style="list-style-type: none"> <li>Removed reference link to the UnitedHealthcare Medicare Advantage Reimbursement Policy titled <i>National Drug Code (NDC) Requirement Policy, Professional and Facility</i></li> </ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>Removed HCPCS code J3490</li> <li>Added ICD-10 diagnosis code F32.3</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> </ul>
Revised		
Policy Title	Approval Date	Summary of Changes
Corneal Topography	Feb. 14, 2024	<p><b>Policy Summary</b></p> <p><b>Indications</b></p> <ul style="list-style-type: none"> <li>Added language to indicate computerized corneal topography is considered medically necessary under any of the conditions [listed in the policy]</li> <li>Removed language indicating corneal topography is a covered service for the indications [listed in the policy] when medically reasonable and necessary only if the results will assist in defining further treatment</li> </ul> <p><b>Limitations</b></p> <ul style="list-style-type: none"> <li>Revised list of coverage limitations:</li> </ul>

## Policy Guideline Updates

Revised		
Policy Title	Approval Date	Summary of Changes
<a href="#">Corneal Topography</a> (continued)	Feb. 14, 2024	<ul style="list-style-type: none"> <li>○ Added language to indicate corneal topography is a covered service for the indications [listed in the policy] when medically reasonable and necessary only if the results will assist in defining further treatment; it is not covered for routine follow-up testing</li> <li>○ Removed language indicating corneal topography is not covered for routine follow-up testing</li> </ul>
<a href="#">Porcine Skin and Gradient Pressure Dressings</a>	Feb. 14, 2024	<p><b>Title Change</b></p> <ul style="list-style-type: none"> <li>● Previously titled <i>Porcine Skin and Gradient Pressure Dressings (NCD 270.5)</i></li> </ul> <p><b>Policy Summary</b></p> <p><b>Guidelines</b></p> <ul style="list-style-type: none"> <li>● Added language pertaining to the lymphedema compression treatment benefit to indicate:             <ul style="list-style-type: none"> <li>○ Effective for items furnished on or after Jan. 1, 2024, <i>Section 4133 of the Consolidated Appropriations Act (CAA), 2023</i>, establishes a new Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) benefit category for standard and custom fitted compression garments and additional lymphedema compression treatment items for the treatment of lymphedema that are prescribed by an authorized practitioner</li> <li>○ Claims for lymphedema treatment items that do not have an appropriate diagnosis for lymphedema will be denied</li> <li>○ Claim payment can be made for lymphedema compression treatment items for more than one body part/area per member; in addition, claim payment can be made for both a daytime and nighttime garment for the same body part/area per member</li> </ul> </li> <li>● Removed language indicating gradient compression stockings (HCPCS codes A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, and A6549) are non-covered under the surgical dressing benefit because they do not meet the statutory definition of a dressing</li> </ul> <p><b>Applicable Codes</b></p> <p><b>HCPCS Codes</b></p> <p><b>Gradient Compression Items</b></p> <ul style="list-style-type: none"> <li>● Added A6520, A6521, A6522, A6523, A6524, A6525, A6526, A6527, A6528, A6529, A6552, A6553, A6554, A6555, A6556, A6557, A6558, A6559, A6560, A6561, A6562, A6563, A6564, A6565, A6566, A6567, A6568, A6569, A6570, A6571, A6572, A6573, A6574, A6575, A6576, A6577, A6578, A6579, A6580, A6581, A6582, A6583, A6584, A6585, A6586, A6587, A6588, A6589, A6593, A6594, A6595, A6596, A6597, A6598, A6599, A6600, A6601, A6602, A6603, A6604, A6605, A6606, A6607, A6608, A6609, and A6610</li> <li>● Updated description for A6531, A6532, A6535, A6538, A6541, A6545, and A6549</li> <li>● Removed notation indicating A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, and A6549 are “non-covered”</li> </ul>

## Policy Guideline Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Porcine Skin and Gradient Pressure Dressings (continued)	Feb. 14, 2024	<p><b>Diagnosis Codes</b></p> <p>For HCPCS Codes A6520, A6521, A6522, A6523, A6524, A6525, A6526, A6527, A6528, A6529, A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6549, A6552, A6553, A6554, A6555, A6556, A6557, A6558, A6559, A6560, A6561, A6562, A6563, A6564, A6565, A6566, A6567, A6568, A6569, A6570, A6571, A6572, A6573, A6574, A6575, A6576, A6577, A6578, A6579, A6580, A6581, A6582, A6583, A6584, A6585, A6586, A6587, A6588, A6589, A6593, A6594, A6595, A6596, A6597, A6598, A6599, A6600, A6601, A6602, A6603, A6604, A6605, A6606, A6607, A6608, A6609, and A6610</p> <ul style="list-style-type: none"> <li>Added list of applicable codes: I89.0, I97.2, I97.89, and Q82.0</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> </ul>

## 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 changes to our Medicare Advantage Policy Guidelines. When information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law.

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

### Policy Update Classifications

#### *New*

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

#### *Updated*

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

#### *Revised*

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

#### *Replaced*

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

#### *Retired*

An existing policy has been retired



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