

UnitedHealthcare Medicare Advantage Policy Guideline Update Bulletin: May 2023

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Biomarkers in Cardiovascular Risk Assessment	Apr. 12, 2023	<p>Applicable Codes</p> <p>Non-Covered Diagnosis Codes</p> <ul style="list-style-type: none"> Added notation to indicate Z59.1 was “deleted Apr. 1, 2023” Revised description for Z59.87
Blood Product Molecular Antigen Typing	Apr. 12, 2023	<p>Applicable Codes</p> <p>Non-Covered Diagnosis Codes</p> <ul style="list-style-type: none"> Added notation to indicate Z59.1 was “deleted Apr. 1, 2023” Revised description for Z59.87
Category III CPT Codes	Apr. 12, 2023	<p>Applicable Codes</p> <p>Non-Covered</p> <ul style="list-style-type: none"> Added CPT codes 0234T, 0235T, 0236T, 0237T, 0238T, 0347T, 0348T, 0349T, 0350T, 0378T, 0379T, 0419T, 0420T, 0465T, 0494T, 0495T, 0505T, 0524T, 0541T, 0542T, 0546T, 0547T, 0553T, 0568T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, 0594T, 0596T, 0597T, 0600T, 0601T, 0602T, 0603T, 0604T, 0605T, 0606T, 0607T, 0608T, 0609T, 0610T, 0611T, 0612T, 0613T, 0614T, 0615T, 0616T, 0617T, 0618T, 0619T, 0620T, 0621T, 0622T, 0623T, 0624T, 0625T, 0626T, 0632T, 0639T, 0643T, 0644T, 0645T, 0648T, 0649T, 0659T, 0660T, 0661T, 0662T, 0673T, 0674T, 0675T, 0677T, 0679T, 0680T, 0681T, 0682T, 0683T, 0684T, 0685T, 0686T, 0689T, 0691T, 0695T, 0696T, 0699T, 0700T, 0707T, 0708T, 0710T, 0711T, 0712T, 0713T, 0716T, 0721T, 0723T, 0725T, 0726T, 0727T, 0728T, 0729T, 0731T, 0732T, 0733T, 0734T, 0737T, 0740T, 0741T, 0743T, 0745T, 0746T, 0747T, 0748T, 0749T, 0750T, 0765T, 0766T, 0767T, 0768T, 0769T, 0771T, 0773T, 0775T, 0776T, 0778T, 0781T, 0782T, and 0783T <p>Provisional Coverage</p> <ul style="list-style-type: none"> Added CPT code 0742T Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled <i>Bone (Mineral) Density Studies (NCD 150.3)</i> for CPT codes 0554T, 0555T, 0556T, 0557T, and 0558T <p>Possible Provisional Coverage</p> <ul style="list-style-type: none"> Removed CPT codes 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, and 0614T <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Chiropractic Services	Apr. 12, 2023	<p>Policy Summary</p> <p>Guidelines</p> <ul style="list-style-type: none"> Added notation to indicate some plans have additional supplemental chiropractic benefits; refer to the Evidence of Coverage (EOC)

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Chiropractic Services (continued)	Apr. 12, 2023	<ul style="list-style-type: none"> Removed notation indicating the precise level of subluxation must be listed as the primary diagnosis <p>Applicable Codes</p> <p>Medicare Covered Chiropractic Services</p> <ul style="list-style-type: none"> Replaced notation indicating “if the CPT code is 98940, 98941, or 98942 and is billed with one of the [listed] <i>primary</i> diagnosis codes and with modifier AT, then the chiropractic service is covered” with “if the CPT code is 98940, 98941, or 98942 and is billed with one of the [listed] diagnosis codes and with modifier AT, then the chiropractic service is covered” Added notation to indicate ICD-10 diagnosis codes M99.20, M99.21, M99.22, M99.23, S13.100A, S13.110A, S13.120A, S13.130A, S13.140A, S13.150A, S13.160A, S13.170A, S13.180A, S23.100A, S23.110A, S23.120A, S23.122A, S23.130A, S23.132A, S23.140A, S23.142A, S23.150A, S23.152A, S23.160A, S23.162A, S23.170A, S33.100A, S33.110A, S33.120A, S33.130A, and S33.140A were “deleted Apr. 12, 2023” <p>Supplemental Chiropractic Services</p> <ul style="list-style-type: none"> Removed list of applicable ICD-10 diagnosis codes: G43.A0, G43.A1, G43.B0, G43.B1, G43.C0, G43.C1, G43.D0, G43.D1, G43.009, G43.019, G43.109, G43.119, G43.909, G43.919, G44.1, G44.209, G44.219, G44.229, G54.0, G54.1, G54.2, G54.3, G54.4, G54.8, G55, G57.01, G57.02, G57.03, G57.21, G57.22, G57.23, G57.91, G57.92, G57.93, M12.311, M12.312, M12.351, M12.352, M12.361, M12.362, M12.371, M12.372, M12.38, M12.39, M12.411, M12.412, M12.451, M12.452, M12.461, M12.462, M12.471, M12.472, M12.48, M12.49, M15.4, M15.8, M16.0, M16.11, M16.12, M24.50, M25.011, M25.012, M25.051, M25.052, M25.061, M25.062, M25.071, M25.072, M25.074, M25.075, M25.08, M25.451, M25.452, M25.461, M25.462, M25.471, M25.472, M25.474, M25.475, M25.50, M25.511, M25.512, M25.551, M25.552, M25.561, M25.562, M25.571, M25.572, M25.611, M25.612, M25.651, M25.652, M25.661, M25.662, M25.671, M25.672, M25.674, M25.675, M25.811, M25.812, M25.851, M25.852, M25.861, M25.862, M25.871, M25.872, M43.00, M43.01, M43.02, M43.03, M43.04, M43.05, M43.06, M43.07, M43.08, M43.09, M43.10, M43.11, M43.12, M43.13, M43.14, M43.15, M43.16, M43.17, M43.18, M43.19, M43.27, M43.28, M43.6, M46.00, M46.01, M46.02, M46.03, M46.04, M46.05, M46.06, M46.07, M46.08, M46.09, M46.41, M46.42, M46.43, M46.44, M46.45, M46.46, M46.47, M47.10, M47.11, M47.12, M47.13, M47.14, M47.15, M47.16, M47.20, M47.21, M47.22, M47.23, M47.24, M47.25, M47.26, M47.27, M47.28, M47.811, M47.812, M47.813, M47.814, M47.815, M47.816, M47.817, M47.818, M47.819, M47.891, M47.892, M47.893, M47.894, M47.895, M47.896, M47.897, M47.898, M47.899, M47.9, M48.01, M48.02, M48.03, M48.04, M48.05, M48.061, M48.062, M48.07, M48.10, M48.11, M48.12, M48.13, M48.14, M48.15, M48.16, M48.17, M48.18, M48.19, M48.30, M48.31, M48.32, M48.33, M48.34, M48.35, M48.36, M48.37, M48.38, M50.10, M50.11, M50.120, M50.121, M50.122, M50.123, M50.13, M50.20, M50.21, M50.220, M50.221, M50.222, M50.223, M50.23, M50.30, M50.31, M50.320, M50.321, M50.322, M50.323, M50.33, M50.80, M50.81, M50.820, M50.821, M50.822, M50.823, M50.83, M50.90, M50.91, M50.920, M50.921, M50.922, M50.923, M50.93, M51.14, M51.15, M51.16, M51.17, M51.24, M51.25, M51.26, M51.27, M51.34, M51.35, M51.36, M51.37, M51.84,

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Chiropractic Services (continued)	Apr. 12, 2023	<p>M51.85, M51.86, M51.87, M53.0, M53.1, M53.2X7, M53.2X8, M53.3, M53.86, M53.87, M53.88, M54.03, M54.04, M54.05, M54.06, M54.07, M54.08, M54.11, M54.12, M54.13, M54.14, M54.15, M54.16, M54.17, M54.2, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M54.5, M54.50, M54.51, M54.59, M54.6, M54.89, M54.9, M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9, M62.40, M62.411, M62.412, M62.419, M62.421, M62.422, M62.429, M62.431, M62.432, M62.439, M62.441, M62.442, M62.449, M62.451, M62.452, M62.459, M62.461, M62.462, M62.469, M62.471, M62.472, M62.479, M62.48, M62.49, M62.830, M62.831, M62.838, M72.9, M79.11, M79.12, M79.18, M79.7, M96.1, M99.30, M99.31, M99.32, M99.33, M99.40, M99.41, M99.42, M99.43, M99.50, M99.51, M99.52, M99.53, M99.60, M99.61, M99.62, M99.63, M99.70, M99.71, M99.72, M99.73, Q76.2, R26.2, R29.4, R51, R51.0, R51.9, S13.4XXA, S13.4XXD, S13.4XXS, S13.8XXA, S13.8XXD, S13.8XXS, S16.1XXA, S16.1XXD, S16.1XXS, S23.3XXA, S23.3XXD, S23.3XXS, S23.8XXA, S23.8XXD, S23.8XXS, S29.012A, S33.5XXA, S33.5XXD, S33.5XXS, S33.6XXA, S33.6XXD, S33.6XXS, S33.8XXA, S33.8XXD, S33.8XXS, S39.012A, S39.012D, S39.012S, and S39.013A</p> <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Clinical Diagnostic Laboratory Services	Apr. 12, 2023	<p>Applicable Codes</p> <p>CPT Codes</p> <ul style="list-style-type: none"> Added 0357U, 0358U, 0360U, 0361U, 87568, 87469, 87478, and 87484 <p>Non-Covered Diagnosis Codes</p> <ul style="list-style-type: none"> Added notation to indicate Z59.1 was “deleted Apr. 1, 2023” Revised description for Z59.87 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Computed Tomography (NCD 220.1)	Apr. 12, 2023	<p>Applicable Codes</p> <p>Non-Covered Diagnosis Codes</p> <ul style="list-style-type: none"> Added notation to indicate Z59.1 was “deleted Apr. 1, 2023” Revised description for Z59.87
Enteral and Parenteral Nutritional Therapy (Formerly NCD 180.2)	Apr. 12, 2023	<p>Related Policies</p> <ul style="list-style-type: none"> Removed reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled <i>Intestinal and Multi-Visceral Transplantation (NCD 260.5)</i> <p>Policy Summary</p>

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Enteral and Parenteral Nutritional Therapy (Formerly NCD 180.2) (continued)	Apr. 12, 2023	<p>Overview</p> <ul style="list-style-type: none"> Added language to indicate enteral feeding, also referred to as tube feeding, refers to the delivery of nutrients through a feeding tube directly into the stomach, duodenum, or jejunum Removed language indicating enteral nutrition is an option for some patients who are unable to meet their nutritional requirements orally but have a functional gut and are able to digest/absorb formula introduced into the lumen of the gastrointestinal (GI) tract <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Genetic Testing for Hereditary Cancer	Apr. 12, 2023	<p>Policy Summary</p> <p>Guidelines</p> <ul style="list-style-type: none"> Removed language indicating coverage is based upon the existing Local Coverage Determination (LCD) for the jurisdiction in which the procedure is performed <p>Applicable Codes</p> <p>CPT Codes</p> <ul style="list-style-type: none"> Added 81441 Added notation to indicate 81293 was “deleted Jul. 2, 2022” <p>Non-Covered</p> <ul style="list-style-type: none"> Added notation to indicate Z59.1 was “deleted Apr. 1, 2023” Revised description for Z59.87 <p>Definitions</p> <ul style="list-style-type: none"> Updated definition of “Close Blood Relative”
Human Tumor Stem Cell Drug Sensitivity Assays (NCD 190.7)	Apr. 12, 2023	<p>Applicable Codes</p> <ul style="list-style-type: none"> Added notation to indicate CPT codes 0324U and 0325U were “deleted Apr. 1, 2023” <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Magnetic Resonance Imaging (NCD 220.2)	Apr. 12, 2023	<p>Applicable Codes</p> <p>Non-Covered Diagnosis Codes</p> <ul style="list-style-type: none"> Added notation to indicate Z59.1 was “deleted Apr. 1, 2023” Revised description for Z59.87

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Molecular Diagnostic Infectious Disease Testing	Apr. 12, 2023	<p>Applicable Codes</p> <p>CPT Codes</p> <p>Non-Covered</p> <ul style="list-style-type: none"> Removed 0098U, 0099U, and 0100U <p>Diagnosis Codes</p> <p>For CPT Codes 81513, 81514, and 0352U</p> <ul style="list-style-type: none"> Added list of applicable codes: A51.0, A51.1, A51.31, A52.76, A54.00, A54.01, A54.02, A54.03, A54.09, A54.1, A54.21, A54.22, A54.23, A54.24, A54.29, A54.6, A56.00, A56.01, A56.02, A56.09, A56.11, A56.19, A56.2, A56.3, A59.00, A59.01, A59.02, A59.03, A59.09, A60.00, A60.01, A60.02, A60.03, A60.04, A60.09, A60.1, A60.9, A63.0, B20, B37.31, B37.32, B37.41, B37.42, B37.49, B37.89, B97.35, D26.0, L29.2, L29.3, N34.1, N34.2, N41.0, N41.3, N48.5, N76.0, N76.1, N76.2, N76.3, N76.5, N76.6, N76.82, N76.89, N77.1, N89.8, N90.89, N93.0, N93.8, O98.711, O98.712, O98.713, R10.2, R30.0, T74.21XA, T74.21XD, T74.21XS, T74.51XA, T74.51XD, T74.51XS, T76.21XA, T76.21XD, T76.21XS, T76.51XA, T76.51XD, T76.51XS, Z04.41, Z04.71, Z04.81, Z11.3, Z20.2, Z20.6, Z21, Z33.1, Z33.3, Z72.51, Z72.52, Z72.53, and Z72.89 <p>Non-Covered</p> <ul style="list-style-type: none"> Added notation to indicate Z59.1 was “deleted Apr. 1, 2023” Revised description for Z59.87 <p>Coding Clarification</p> <ul style="list-style-type: none"> Updated notation pertaining to the list of non-covered diagnosis codes; removed language indicating Z11.3 and Z04.81 are excluded from non-coverage for CPT codes 0352U, 81513, and 81514 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Molecular Pathology Procedures for Human Leukocyte Antigen (HLA) Typing	Apr. 12, 2023	<p>Applicable Codes</p> <p>Non-Covered Diagnosis Codes</p> <ul style="list-style-type: none"> Added notation to indicate Z59.1 was “deleted Apr. 1, 2023” Revised description for Z59.87
Molecular Pathology/Molecular Diagnostics/Genetic Testing	Apr. 12, 2023	<p>Applicable Codes</p> <p>Non-Covered Diagnosis Codes</p> <ul style="list-style-type: none"> Added notation to indicate Z59.1 was “deleted Apr. 1, 2023” Revised description for Z59.87

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Pharmacogenomics Testing	Apr. 12, 2023	<p>Applicable Codes</p> <p>Non-Covered Diagnosis Codes</p> <ul style="list-style-type: none"> Added notation to indicate Z59.1 was “deleted Apr. 1, 2023” Revised description for Z59.87
Positron Emission Tomography (PET) Scan	Apr. 12, 2023	<p>Applicable Codes</p> <p>HCPCS Codes</p> <ul style="list-style-type: none"> Added A9602 and A9800 <p>Diagnosis Codes</p> <ul style="list-style-type: none"> Added I20.2, I25.112, I25.702, I25.712, I25.722, I25.732, I25.752, I25.762, I25.792, I34.81, I47.20, I47.21, I47.29, I71.010, I71.011, I71.012, I71.019, Q21.19, Q21.21, Q21.22, Q21.23, and Z79.85 Added notation to indicate I34.8, I71.01, I71.1, I71.2, I71.3, I71.4, I71.5, I71.6, Q21.1, and Q21.2 were “deleted Sep. 30, 2022” <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Tier 2 Molecular Pathology Procedures	Apr. 12, 2023	<p>Applicable Codes</p> <p>Non-Covered Diagnosis Codes</p> <ul style="list-style-type: none"> Added notation to indicate Z59.1 was “deleted Apr. 1, 2023” Revised description for Z59.87
Ultrasound Diagnostic Procedures (NCD 220.5)	Apr. 12, 2023	<p>Applicable Codes</p> <p>Non-Covered Diagnosis Codes</p> <ul style="list-style-type: none"> Added notation to indicate Z59.1 was “deleted Apr. 1, 2023” Revised description for Z59.87
Vitamin D Testing	Apr. 12, 2023	<p>Applicable Codes</p> <p>Diagnosis Codes</p> <p>For CPT Code 82306</p> <ul style="list-style-type: none"> Added K76.82, Z79.60, Z79.61, Z79.620, Z79.621, Z79.622, Z79.623, Z79.624, Z79.630, Z79.631, Z79.632, Z79.633, Z79.634, Z79.64, Z79.69, and Z79.85 Added notation to indicate K91.1 and K91.81 were “deleted Jan. 28, 2023” <p>For CPT Code 82652</p> <ul style="list-style-type: none"> Added K76.82, Z79.60, Z79.61, Z79.620, Z79.621, Z79.622, Z79.623, Z79.624, Z79.630, Z79.631, Z79.632, Z79.633, Z79.634, Z79.64, Z79.69, and Z79.85

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Vitamin D Testing (continued)	Apr. 12, 2023	<ul style="list-style-type: none"> Added notation to indicate K91.1, K91.81, M85.811, M85.812, M85.821, M85.822, M85.831, M85.832, M85.841, M85.842, M85.851, M85.852, M85.861, M85.862, M85.871, M85.872, and M85.88 were “deleted Jan. 28, 2023” <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Revised		
Policy Title	Approval Date	Summary of Changes
Cochlear Implantation (NCD 50.3)	Apr. 12, 2023	<p>Policy Summary</p> <p>Guidelines</p> <p>Nationally Covered Indications</p> <ul style="list-style-type: none"> Added language to indicate the listed guidelines apply to <i>services performed on or after Sep. 26, 2022</i> Replaced language indicating: <ul style="list-style-type: none"> “Limited benefit from amplification is defined by test scores of less than or equal to 40% correct in the best-aided listening condition on <i>tape-recorded</i> tests of open-set sentence recognition” with “limited benefit from amplification is defined by test scores of less than or equal to 60% correct in the best-aided listening condition on <i>recorded</i> tests of open-set sentence recognition” “Medicare coverage is provided only for those patients who meet all of the [listed] selection guidelines” with “patients must meet all of the [listed] criteria” Removed language indicating: <ul style="list-style-type: none"> Effective for services performed on or after Apr. 4, 2005, cochlear implantation may be covered for individuals meeting the selection guidelines and with hearing test scores of greater than 40% and less than or equal to 60% only when the provider is participating in, and patients are enrolled in, either an FDA-approved category B investigational device exemption clinical trial as defined at 42 <i>CFR</i> 405.201, a trial under the Centers for Medicare & Medicaid (CMS) Clinical Trial Policy as defined at section 310.1 of the National Coverage Determinations (NCD) Manual, or a prospective, controlled comparative trial approved by CMS as consistent with the evidentiary requirements for National Coverage Analyses and meeting specific quality standards <p>Nationally Non-Covered Indications</p> <ul style="list-style-type: none"> Revised language to indicate Medicare beneficiaries not meeting all of the coverage criteria for cochlear implantation listed under the <i>Nationally Covered Indications</i> section [of the policy] are deemed not eligible for Medicare coverage except as described in the <i>Other</i> section [of the policy] <p>Other</p> <ul style="list-style-type: none"> Revised language to indicate CMS may provide coverage of cochlear implants for beneficiaries not meeting the coverage criteria listed under the <i>Nationally Covered Indications</i> section [of the policy] when performed in the context

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Policy Title	Approval Date	Summary of Changes
Cochlear Implantation (NCD 50.3) (continued)	Apr. 12, 2023	<p>of FDA-approved category B investigational device exemption clinical trials as defined at 42 CFR 405.201 or as a routine cost in clinical trials under section 310.1 of the NCD Manual titled <i>Routine Costs in Clinical Trials</i></p> <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Continuous Glucose Monitors	Apr. 12, 2023	<p>Policy Summary</p> <p>Overview</p> <ul style="list-style-type: none"> Removed language indicating the general term “Continuous Glucose Monitor (CGM)” refers to both therapeutic/non-adjunctive and non-therapeutic/adjunctive CGMs Replaced references to “<i>therapeutic/non-therapeutic CGMs</i>” with “non-adjunctive/adjunctive CGMs” <p>Patient Coverage Criteria for Non-Implantable (DME) CGMs</p> <ul style="list-style-type: none"> Added criterion requiring: <ul style="list-style-type: none"> The beneficiary’s treating practitioner has concluded that the beneficiary (or beneficiary’s caregiver) has sufficient training using the CGM prescribed as evidenced by providing a prescription; and The CGM is prescribed in accordance with its FDA indications for use; and The beneficiary for whom a CGM is being prescribed, to improve glycemic control, meets at least one of the criteria below: <ul style="list-style-type: none"> The beneficiary is insulin-treated; or The beneficiary has a history of problematic hypoglycemia with documentation of at least one of the following [see the <i>Policy Specific Documentation Requirements</i> section of the LCD-related Policy Article (A52464)]: <ul style="list-style-type: none"> Recurrent (more than one) level 2 hypoglycemic events (glucose < 54mg/dL (3.0mmol/L)) that persist despite multiple (more than one) attempts to adjust medication(s) and/or modify the diabetes treatment plan; or A history of one level 3 hypoglycemic event (glucose < 54mg/dL (3.0mmol/L)) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia Removed criterion requiring: <ul style="list-style-type: none"> The beneficiary is insulin-treated with multiple (three or more) daily administrations of insulin or a subcutaneous insulin infusion (CSII) pump; and The beneficiary’s insulin treatment regimen requires frequent adjustment by the beneficiary on the basis of BGM or CGM testing results Replaced criterion requiring “within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the beneficiary to evaluate their diabetes control and determined that [listed] criteria are met” with “within six (6) months prior to ordering the CGM, the treating practitioner has an in-person or <i>Medicare-approved telehealth visit</i> with the beneficiary to evaluate their diabetes control and determined that [listed] criteria are met”

Policy Guideline Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Continuous Glucose Monitors (continued)	Apr. 12, 2023	<p>CGM Continued Coverage</p> <ul style="list-style-type: none"> • Replaced language indicating: <ul style="list-style-type: none"> ○ “Every six (6) months following the initial prescription of the CGM, the treating practitioner <i>has</i> an in-person visit with the beneficiary to <i>assess</i> adherence to <i>his or her</i> CGM regimen and diabetes treatment plan” with “every six (6) months following the initial prescription of the CGM, the treating practitioner <i>conducts</i> an in-person or <i>Medicare-approved telehealth</i> visit with the beneficiary to <i>document</i> adherence to <i>their</i> CGM regimen and diabetes treatment plan ○ If any of coverage criteria <i>are</i> not met, the CGM and related supply allowance will be denied as not reasonable and necessary” with “if any of coverage criteria, <i>or the continued coverage criterion is</i> not met, the CGM and related supply allowance will be denied as not reasonable and necessary” <p>Non-Adjunctive CGM Devices and Supplies</p> <ul style="list-style-type: none"> • Added language to indicate the supply allowance for a non-adjunctive CGM (HCPCS code A4239) encompasses all items necessary for the use of the device and includes, but is not limited to, CGM sensors and transmitters <p>Patient Coverage Criteria for Implantable CGMs</p> <ul style="list-style-type: none"> • Added CPT codes 0446T, 0447T, and 0448T <p>Miscellaneous Coding Information</p> <ul style="list-style-type: none"> • Added language to indicate: <ul style="list-style-type: none"> ○ For CGM devices (HCPCS code E2102 or E2103) and supply allowance (HCPCS code A4238 or A4239), modifier KX or KS must be added to the code(s) on every claim submitted ○ For initial coverage of non-adjunctive CGM devices (HCPCS code E2103) and the supply allowance (HCPCS code A4239), the CG modifier must be added to the claim line only if all of the CGM coverage criteria in the Glucose Monitors Local Coverage Determination (LCD) are met <ul style="list-style-type: none"> ▪ For continued coverage of non-adjunctive CGM devices (HCPCS code E2103) and the supply allowance (HCPCS code A4239), the CG modifier must be added to the claim line only if the continued coverage criterion in the Glucose Monitors LCD is met ▪ If any of the coverage criteria are not met, the CG modifier must not be used ○ The CG modifier must be added to the claim line for an adjunctive CGM (HCPCS code E2102) incorporated into an insulin infusion pump and supply allowance (HCPCS code A4238) only if all of the initial CGM coverage criteria in the Glucose Monitors LCD and the coverage criteria for an insulin infusion pump as outlined in the External Infusion Pumps LCD (L33794) are met <ul style="list-style-type: none"> ▪ For continued coverage of adjunctive CGM devices incorporated into an insulin infusion pump (HCPCS code E2102) and the supply allowance (HCPCS code A4238), the CG modifier must be added to the claim line only if the continued coverage criteria in the Glucose Monitors LCD and the External Infusion Pumps LCD are met

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Policy Title	Approval Date	Summary of Changes
Continuous Glucose Monitors (continued)	Apr. 12, 2023	<ul style="list-style-type: none"> ▪ If any of the coverage criteria are not met, the CG modifier must not be used ○ Refer to the <i>Coding Guidelines</i> section in the LCD-related Policy Article for additional information regarding non-covered HCPCS codes • Updated language pertaining to the use of HCPCS code A9279 to indicate this code is used to describe any CGM system and/or related supplies that fail to meet the DME benefit requirement as described under the <i>Non-Medical Necessity Coverage and Payment Rules</i> section in the LCD-related Policy Article <i>for dates of service between Apr. 1, 2022 and Dec. 31, 2022</i> • Replaced language indicating: <ul style="list-style-type: none"> ○ “Claims for a blood glucose monitor (BGM) and related supplies, billed in addition to <i>an approved</i> CGM device and associated supply allowance, will be denied” with “claims for a BGM and related supplies, billed in addition to <i>a non-adjunctive</i> CGM device and associated supply allowance, will be denied” ○ “The KX modifier must not be used for a beneficiary who is <i>not</i> treated with <i>insulin administrations</i>” with “the KX modifier must not be used for a beneficiary who is <i>exclusively treated with oral hypoglycemic agents</i>” <p>Applicable Codes</p> <ul style="list-style-type: none"> • Removed coding clarification language <p>HCPCS Codes</p> <ul style="list-style-type: none"> • Added notation to indicate K0553 and K0554 were “deleted Dec. 31, 2022” <p>Diagnosis Codes</p> <p>For HCPCS Codes A4238, A4239, E2102, E2103, K0553, and K0554</p> <ul style="list-style-type: none"> • Removed list of applicable ICD-10 diagnosis codes: E08.00, E08.01, E08.10, E08.11, E08.21, E08.22, E08.29, E08.311, E08.319, E08.3211, E08.3212, E08.3213, E08.3219, E08.3291, E08.3292, E08.3293, E08.3299, E08.3311, E08.3312, E08.3313, E08.3319, E08.3391, E08.3392, E08.3393, E08.3399, E08.3411, E08.3412, E08.3413, E08.3419, E08.3491, E08.3492, E08.3493, E08.3499, E08.3511, E08.3512, E08.3513, E08.3519, E08.3521, E08.3522, E08.3523, E08.3529, E08.3531, E08.3532, E08.3533, E08.3539, E08.3541, E08.3542, E08.3543, E08.3549, E08.3551, E08.3552, E08.3553, E08.3559, E08.3591, E08.3592, E08.3593, E08.3599, E08.36, E08.37X1, E08.37X2, E08.37X3, E08.37X9, E08.39, E08.40, E08.41, E08.42, E08.43, E08.44, E08.49, E08.51, E08.52, E08.59, E08.610, E08.618, E08.620, E08.621, E08.622, E08.628, E08.630, E08.638, E08.641, E08.649, E08.65, E08.69, E08.8, E08.9, E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3219, E09.3291, E09.3292, E09.3293, E09.3299, E09.3311, E09.3312, E09.3313, E09.3319, E09.3391, E09.3392, E09.3393, E09.3399, E09.3411, E09.3412, E09.3413, E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3521, E09.3522, E09.3523, E09.3529, E09.3531, E09.3532, E09.3533, E09.3539, E09.3541, E09.3542, E09.3543, E09.3549, E09.3551, E09.3552, E09.3553, E09.3559, E09.3591, E09.3592, E09.3593, E09.3599, E09.36, E09.37X1,

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Continuous Glucose Monitors (continued)	Apr. 12, 2023	<p>E09.37X2, E09.37X3, E09.37X9, E09.39, E09.40, E09.41, E09.42, E09.43, E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620, E09.621, E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9, E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.10, E11.11, E11.21, E11.22, E11.29, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.36, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.36, E13.37X1, E13.37X2, E13.37X3, E13.37X9, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83, O24.911, O24.912, O24.913, O24.919, O24.92, and O24.93</p> <p>Questions and Answers (Q&A)</p> <ul style="list-style-type: none"> • Updated: <ul style="list-style-type: none"> ○ Q&A #2 defining adjunctive and non-adjunctive CGMs ○ Q&A #3 pertaining to coverage for a CGM system supply allowance if a non-DME device (watch, smartphone, tablet, laptop computer, etc.) is used in conjunction with the durable CGM • Added Q&A #4 addressing which modifiers are required for a CGM device (HCPCS codes E2102 or E2103) and supply

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Policy Title	Approval Date	Summary of Changes
Continuous Glucose Monitors (continued)	Apr. 12, 2023	<p>allowance (HCPCS codes A4238 or A4239)</p> <ul style="list-style-type: none"> Removed Q&A addressing how UnitedHealthcare determines if a member is insulin dependent <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Home Use of Oxygen	Apr. 12, 2023	<p>Policy Summary</p> <p>Coding Guidelines</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> For oxygen claims covered by Medicare prior to Apr. 1, 2023, suppliers may continue to use the KX modifier or may use the N-modifiers for claims with dates of service on or after Apr. 1, 2023 For initial claims for oxygen or new 36-month oxygen rental periods with dates of service on or after Apr. 1, 2023, suppliers must use the N1, N2 or N3 modifier as described below: <ul style="list-style-type: none"> N1 modifier only if all of the criteria in the <i>Coverage Indications, Limitations and/or Medical Necessity</i> section of the related LCD have been met for Group I beneficiaries N2 modifier only if all of the criteria in the <i>Coverage Indications, Limitations and/or Medical Necessity</i> section of the related LCD have been met for Group II beneficiaries N3 modifier only if all of the criteria in the <i>Coverage Indications, Limitations and/or Medical Necessity</i> section of the related LCD have been met for Group III beneficiaries Removed language indicating suppliers must add a KX modifier only if all of the criteria in the <i>Coverage Indications, Limitations and/or Medical Necessity</i> section of the related Local Coverage Determination (LCD) have been met <p>Applicable Codes</p> <ul style="list-style-type: none"> Added modifier codes N1, N2, and N3 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Molecular Pathology/Genetic Testing Reported with Unlisted Codes	Apr. 12, 2023	<p>Policy Summary</p> <p>Gene Identification</p> <p>Solid Organ Allograft Rejection</p> <ul style="list-style-type: none"> Added language to indicate covered tests with analytical validity (AV) that is significantly below similar services may have coverage rescinded Revised list of covered indications for CPT code 81479; removed: <ul style="list-style-type: none"> Prospera™ AlloSure® Kidney (Care Dx®) AlloSure® Heart (Care Dx®)

Policy Guideline Updates

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Policy Title	Approval Date	Summary of Changes
Molecular Pathology/Genetic Testing Reported with Unlisted Codes (continued)	Apr. 12, 2023	<ul style="list-style-type: none"> ○ TruGraf® (Transplant Genomics) ○ AlloMap® (Care Dx®) ○ Viracor TRAC™ (Transplant Rejection Allograft Check) (Eurofins) ○ QSant <ul style="list-style-type: none"> ● Removed language indicating these tests may also be reported with CPT code 81599 <p>Applicable Codes</p> <p>Non-Covered Diagnosis Codes</p> <ul style="list-style-type: none"> ● Added notation to indicate Z59.1 was “deleted Apr. 1, 2023” ● Revised description for Z59.87 <p>Molecular Pathology/Genetic Testing Reported with Unlisted Codes: Diagnosis Codes</p> <p>For CPT Code 81479 (Biomarker PTEN)</p> <ul style="list-style-type: none"> ● Added C56.3 <p>For CPT Code 81479 (Biomarker SF341)</p> <ul style="list-style-type: none"> ● Removed list of applicable codes: C91.10, C91.11, and C91.12 <p>For CPT Code 81479 (Envisia Genomic Classifier)</p> <ul style="list-style-type: none"> ● Removed list of applicable codes: 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, J84.10, J84.111, J84.112, J84.113, J84.114, J84.115, J84.116, J84.117, J84.117, J84.170, J84.2, J84.89, and J84.9 <p>For CPT Code 81479 (Genesight, NeuroIDgenetix, Genomind Professional PGx Express™, Neuropharmagen, or Psychotropic Pharmacogenomics Gene Panel)</p> <ul style="list-style-type: none"> ● Removed F32.9, F33.40, and F33.9 <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>References</i> section to reflect the most current information
Retired		
<p>The following Policy Guidelines have been retired effective Apr. 12, 2023:</p> <ul style="list-style-type: none"> ● Extracorporeal Photopheresis (NCD 110.4) ● Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea ● Knee Orthoses 		

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](#).