United Healthcare Medicare Advantage

UnitedHealthcare Medicare Advantage
Policy Guideline Update Bulletin: November 2022

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Policy Guideline Updates

Updated		
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Ambulatory EEG Monitoring	Oct. 12, 2022	Applicable Codes *ICD-10 Diagnosis Codes* For CPT Codes 95700, 95705, 95708, 95717, 95719, and 95721 • Added S06.0XAA, S06.0XAD, S06.0XAS, S06.1XAA, S06.1XAD, S06.1XAS, S06.2XAA, S06.2XAD, S06.2XAS, S06.30AA, S06.30AD, S06.30AS, S06.31AA, S06.31AD, S06.31AS, S06.32AA, S06.32AD, S06.32AS, S06.33AA, S06.33AD, S06.33AS, S06.34AA, S06.34AD, S06.34AS, S06.35AA, S06.35AD, S06.35AS, S06.36AA, S06.36AD, S06.36AS, S06.37AA, S06.37AD, S06.37AS, S06.38AA, S06.38AD, S06.38AS, S06.4XAA, S06.4XAD, S06.4XAS, S06.5XAA, S06.5XAD, S06.5XAS, S06.6XAA, S06.6XAD, S06.6XAS, S06.81AA, S06.81AD, S06.81AS, S06.82AA, S06.82AD, S06.82AS, S06.89AA, S06.89AD, S06.89AS, S06.8A0A, S06.8A0D, S06.8A0S, S06.8A1A, S06.8A1D, S06.8A1S, S06.8A2A, S06.8A2D, S06.8A2S, S06.8A3A, S06.8A3D, S06.8A3S, S06.8A4A, S06.8A4D, S06.8A4S, S06.8A5A, S06.8A5D, S06.8A5S, S06.8A6A, S06.8A6D, S06.8A6S, S06.8A7A, S06.8A8A, S06.8A9A, S06.8A9D, S06.8A9S, S06.8AAA, S06.8AAD, S06.8AAS, S06.9XAA, S06.9XAD, and S06.9XAS
Clinical Diagnostic Laboratory Services	Oct. 12, 2022	Applicable Codes • Added CPT codes 0332U, 0333U, 0334U, 0335U, 0336U, 0337U, 0338U, 0339U, 0340U, 0341U, 0342U, 0343U, 0344U, 0345U, 0346U, 0347U, 0348U, 0349U, 0350U, 0351U, 0352U, 0353U, 0354U, and 87593 • Removed CPT code 87450 Supporting Information • Updated *References* section to reflect the most current information
Hemophilia Clotting Factors and Products	Oct. 12, 2022	Applicable Codes *ICD-10 Diagnosis Codes* For HCPCS Codes J7179, J7183, J7186, and J7187 • Added D68.01, D68.020, D68.021, D68.022, D68.023, D68.03, D68.04, and D68.09 For HCPCS Codes J7183, J7186, and J7187 • Removed D67, D68.1, D68.2, D68.311, D68.312, D68.318, and D68.4 For HCPCS Codes J7190 and J7192 • Removed D67, D68.0, D68.1, D68.2, D68.311, D68.312, D68.318, and D68.4 For HCPCS Codes J7193, J7194, J7195, and J7200 • Removed D66, D68.0, D68.1, D68.2, D68.311, D68.312, D68.318, and D68.4 For HCPCS Codes J7189 and J7191 • Removed D68.0, D68.1, D68.312, and D68.4

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Policy Title	**Approval Date**	**Summary of Changes**
Hemophilia Clotting Factors and Products (continued)	Oct. 12, 2022	For HCPCS Code J7198 • Removed D68.0, D68.1, D68.2, D68.311, D68.312, and D68.4 Supporting Information • Updated *References* section to reflect the most current information
Infusion Pumps (NCD 280.14)	Oct. 12, 2022	Applicable Codes *ICD-10 Diagnosis Codes* For HCPCS Codes J1555 and J1575 • Added D81.82 • Removed D59.1 For HCPCS Codes J1558, J7799 (Cutaquig®), J1551, and J1559 • Added D81.82

Molecular Diagnostic Infectious Disease Testing	Oct. 12, 2022	Related Policies
		• Removed reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs (NCD 210.10)*
		Applicable Codes
		Provisional Coverage
		• Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs (NCD 210.10)* for CPT code 87800
		Coding Clarification
		• Updated notation pertaining to the list of non-covered diagnosis codes:
		  ○ Added language to indicate Z11.3 is excluded from non-coverage for CPT codes 81513 and 81514
		  ○ Removed language indicating Z04.81 is excluded from non-coverage for CPT codes 87623, 87624, and 87625

Partial Ventriculectomy (NCD 20.26)	Oct. 12, 2022	Related Policies • Removed reference link to the UnitedHealthcare Medicare Advantage Coverage Summary titled *Ventriculectomy, Partial* Supporting Information • Updated *References* section to reflect the most current information

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Policy Title	**Approval Date**	**Summary of Changes**
Percutaneous Coronary Interventions	Oct. 12, 2022	Applicable Codes *Diagnosis Codes* For CPT/HCPCS Codes 92920, 92924, 92928, 92933, 92937, 92941, 92943, C9600, C9601, C9602, C9603, C9604, C9605, C9606, C9607, and C9608 • Added I25.112, I25.702, I25.712, I25.722, I25.732, I25.752, I25.762, and I25.792
Podiatry	Oct. 12, 2022	Related Policies • Removed reference link to the UnitedHealthcare Medicare Advantage Guideline titled *Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy) (NCD 70.2.1)* Diabetic Sensory Neuropathy with LOPS Coding Criteria • Added reference to the National Coverage Determination (NCD) for *Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy) (NCD 70.2.1)* • Removed reference to the UnitedHealthcare Medicare Advantage Guideline titled *Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy) (NCD 70.2.1)* Applicable Codes *HCPCS Codes* • Removed G0245, G0246, and G0247 *ICD-10 Diagnosis Codes* For CPT Codes 11055, 11056, 11057, 11719, 11720, 11721, and HCPCS Code G0127 • Added notation to indicate L90.9 and L91.9 were “deleted Jun. 18, 2022” • Added S86.202D and S86.202S • Removed G11.1 and N18.3 For CPT Codes 11719, 11720, 11721, and HCPCS Code G0127 • Added notation to indicate Q81.9 was “deleted Jun. 18, 2022” Definitions • Updated definition of “Mycotic” • Removed definition of “Podiatry” Supporting Information • Updated *References* section to reflect the most current information

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Updated

Policy Title	Approval Date	Summary of Changes
Stem Cell Transplantation (Formerly 110.8.1) (NCD 110.23)	Oct. 12, 2022	**Related Policies** • Added reference link to the UnitedHealthcare Medicare Advantage Guideline titled *Routine Costs in Clinical Trials (NCD 310.1)* **Supporting Information** • Updated *References* section to reflect the most current information

Thermal Intradiscal Procedures (TIPs) (NCD 150.11)	Oct. 12, 2022	**Related Policies**
		• Removed reference link to the:
		  ○ UnitedHealthcare Medicare Advantage Guideline titled *Vertebral Augmentation Procedure (VAP)/Percutaneous Vertebroplasty*
		  ○ UnitedHealthcare Medicare Advantage Coverage Summary titled *Pain Management and Rehabilitation*
		Supporting Information
		• Updated *References* section to reflect the most current information

Revised

Policy Title	Approval Date	Summary of Changes

Biofeedback Therapy	Oct. 12, 2022	**Title Change**
		• Previously titled *Biofeedback Therapy (NCD 30.1)*
		Related Policies
		• Removed reference link to the UnitedHealthcare Medicare Advantage Guideline titled *Biofeedback Therapy for the Treatment of Urinary Incontinence (NCD 30.1.1)*
		Policy Summary
		• Added language [previously included in the UnitedHealthcare Medicare Advantage Policy Guideline titled *Biofeedback Therapy for the Treatment of Urinary Incontinence (NCD 30.1.1)*] to indicate:
		  ○ Biofeedback is covered for the treatment of stress and/or urge incontinence in cognitively intact patients who have failed a documented trial of pelvic muscle exercise (PME) training
		  ▪ Biofeedback is not a treatment, per se, but a tool to help patients learn how to perform PME
		  ▪ Biofeedback-assisted PME incorporates the use of an electronic or mechanical device to relay visual and/or auditory evidence of pelvic floor muscle tone, in order to improve awareness of pelvic floor musculature and to assist patients in the performance of PME
		  ○ A failed trial of PME training is defined as no clinically significant improvement in urinary incontinence after completing 4 weeks of an ordered plan of pelvic muscle exercises to increase periurethral muscle strength
		  ○ Refer to the National Coverage Determination for *Biofeedback Therapy for the Treatment of Urinary Incontinence*

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Biofeedback Therapy (continued)	Oct. 12, 2022	*(NCD 30.1.1)* ○ This policy applies to biofeedback therapy rendered by a practitioner in an office or other facility setting; home use of biofeedback therapy is not covered **Supporting Information** • Updated *References* section to reflect the most current information
Biomarkers in Cardiovascular Risk Assessment	Oct. 12, 2022	**Related Policies** • Added reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Molecular Pathology/Genetic Testing Reported with Unlisted Codes* **Policy Summary** ***Guidelines*** • Revised list of non-covered biomarkers; replaced "genomic profiling *including CardiaRisk angiotensin gene*" with "genomic profiling" • Removed content/language addressing gene mutation and genetic testing **Applicable Codes** • Removed CPT codes 0111T and 81479 **Supporting Information** • Updated *References* section to reflect the most current information
Home Use of Oxygen	Oct. 12, 2022	**Title Change** • Previously titled *Home Use of Oxygen (NCD 240.2)* **Related Policies** • Added reference link to the UnitedHealthcare Medicare Advantage Coverage Summary titled *Wound Treatments* • Removed reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled: ○ *Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA) (NCD 240.4)* ○ *Home Use of Oxygen in Approved Clinical Trials (NCD 240.2.1)* **Policy Summary** ***Overview*** **General** • Added language [previously included in the UnitedHealthcare Medicare Advantage Policy Guideline titled *Home Use of Oxygen in Approved Clinical Trials (NCD 240.2.1)*] to indicate: ○ Oxygen is a colorless, odorless gas that comprises 21 percent of the atmospheric gases at sea level ○ Historically, long term supplemental oxygen has been administered in higher than atmospheric concentrations to patients with chronic hypoxemia, generally resulting from cardiac and/or pulmonary disease

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Home Use of Oxygen (continued)	Oct. 12, 2022	○ The need for supplemental oxygen is assessed by direct or indirect measurement of the partial pressure of oxygen (conventionally expressed in millimeters of mercury, mmHg) and the oxygen saturation of hemoglobin in arterial blood (expressed as a percent) ○ Chronic oxygen therapy is generally administered via nasal cannulae, face mask, or tracheostomy, from a stationary or portable oxygen tank or an oxygen concentrator *Guidelines* Nationally Covered Indications for Home Use of Oxygen (NCD 240.2) ● Added reference to *NCD 204.2* in content heading Nationally Non-Covered Indications for Home Use of Oxygen (NCD 240.2) ● Added reference to *NCD 204.2* in content heading Other Indications for Home Use of Oxygen ● Replaced language indicating "initial coverage for patients with other conditions [not described in this policy] may be limited to the shorter of *120* days or the number of days included in the practitioner prescription at Medicare Administrative Contractor (MAC) discretion" with "initial coverage for patients with other conditions [not described in this policy] may be limited to the shorter of *90* days or the number of days included in the practitioner prescription at MAC discretion" Coding Guidelines ● Added language to indicate: ○ Only rented oxygen equipment is eligible for coverage; purchased oxygen equipment is statutorily non-covered ○ Oximeters (HCPCS code E0445) and replacement probes (HCPCS code A4606) will be denied as non-covered because they are monitoring devices that provide information to the treating practitioner to assist in managing the beneficiary's treatment Nationally Covered Indications for Home Use of Oxygen in Approved Clinical Trials (NCD 240.2.1) ● Added language [previously included in the UnitedHealthcare Medicare Advantage Policy Guideline titled *Home Use of Oxygen in Approved Clinical Trials (NCD 240.2.1)*] to indicate: ○ Effective for services performed on or after Mar. 20, 2006, the home use of oxygen is covered for those beneficiaries with arterial oxygen partial pressure measurements from 56 to 65 mmHg or oxygen saturation at or above 89% who are enrolled subjects in clinical trials approved by the Centers for Medicare & Medicaid Services (CMS) and sponsored by the National Heart, Lung & Blood Institute (NHLBI) ○ Oxygen for participants in a Long-Term Oxygen Therapy (LTOT) Trial is provided under special coverage rules ▪ Reimbursement is only available for beneficiaries who are enrolled in an approved clinical trial ▪ CMS maintains a list of policies that require study participation as a condition of coverage on the CMS web

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Home Use of Oxygen (continued)	Oct. 12, 2022	site ▪ For each policy the approved studies are listed, and a link provided to the study on the clinicaltrials.gov web site; the clinicaltrials.gov identifier number required on each claim is listed on this site ○ Claims for LTOT Trial participants that meet the approved clinical trial and testing requirements described in the Coverage Indications, Limitations and/or Medical Necessity section of the Local Coverage Determinations (LCDs) and Local Coverage Articles (LCAs) must be submitted with the Q0 (Q-zero) modifier; claims for oxygen that do not meet these criteria must not use this modifier Other Indications for Home Use of Oxygen in Approved Clinical Trials ● Added language [previously included in the UnitedHealthcare Medicare Advantage Policy Guideline titled *Home Use of Oxygen in Approved Clinical Trials (NCD 240.2.1)*] to indicate National Coverage Determination (NCD) 240.2.1 does not alter Medicare coverage for items and service that may be covered or non-covered according to the existing national coverage determination for the home use of oxygen provided outside the context of approved clinical trials (*NCD Manual, Section 240.2 and 310.1*) Applicable Codes *General* CPT Codes ● Added 99199 HCPCS Codes ● Updated notation pertaining to A4575, E0425, E0430, E0435, E0440, E0446, and E1358 to indicate these codes are "non-covered" Modifier Codes ● Revised description for RA *For Home Use of Oxygen in Approved Clinical Trials (NCD 240.2.1) (CED Only)* Coding Clarification ● Added language [previously included in the UnitedHealthcare Medicare Advantage Policy Guideline titled *Home Use of Oxygen in Approved Clinical Trials (NCD 240.2.1)*] to indicate: ○ CMS, as part of the NCD, may determine coverage of an item or service only in the context of a clinical study ○ The clinical trial identifier number is required for all items/services provided in relation to participation in a clinical trial, clinical study, or registry that may result from coverage with evidence development (CED); specifically, include the clinical trial identifier number if: ▪ The beneficiary is enrolled in an approved clinical trial; and ▪ The claim is for the investigational item or service, and/or,

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Home Use of Oxygen (continued)	Oct. 12, 2022	▪ The costs are related to the investigational item or service, and/or ▪ The costs are related to routine care for the condition in the clinical trial ○ Refer to the Medicare Learning Network (MLN) Matters articles listed in the *Supporting Information* section of the policy **Modifier Codes** ● Added Q0 **Condition Codes** ● Added 30 **ICD-10 Diagnosis Codes** ● Added Z00.6 **Questions and Answers (Q&A)** ● Added Q&A [previously included in the UnitedHealthcare Medicare Advantage Policy Guideline titled *Home Use of Oxygen in Approved Clinical Trials (NCD 240.2.1)*] pertaining to verification of CPT/HCPCS codes with limited coverage under CED prior to claim submission **Supporting Information** ● Updated *References* section to reflect the most current information
Molecular Pathology/Genetic Testing Reported with Unlisted Codes	Oct. 12, 2022	**Policy Summary** ***Guidelines*** ● Removed language pertaining to APC and MUTYH gene testing **Non-Covered Indications** ● Revised list of non-covered tests for CPT code 81479; added “CardiaRisk” **Applicable Codes** ***ICD-10 Diagnosis Codes: Molecular Pathology/Genetic Testing Reported with Unlisted Codes*** **For CPT Code 81479: APC and MUTYH Gene Testing** ● Modified content heading; added notation to indicate the list applies to dates of service on or before Jul. 2, 2022 **For CPT Code 81479: BCR-ABL *and* Targeted and Comprehensive Genomic Profile Next Generation Sequencing (NGS) Testing for Myeloid Malignancies** ● Revised description for C94.6 **For CPT Code 81479: Minimal Residual Disease Testing for Hematologic Cancers** ● Revised description for C84.40, C84.41, C84.42, C84.43, C84.44, C84.45, C84.46, C84.47, C84.48, C84.49, and C94.6

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Policy Title	**Approval Date**	**Summary of Changes**
Molecular Pathology/Genetic Testing Reported with Unlisted Codes (continued)	Oct. 12, 2022	Supporting Information • Updated *References* section to reflect the most current information
Percutaneous or Minimally Invasive Surgical Fusion of the Sacroiliac Joint	Oct. 12, 2022	Title Change • Previously titled *Percutaneous Minimally Invasive Fusion* Policy Summary *Indications* • Revised language to indicate percutaneous or minimally invasive surgical (MIS) fusion of the sacroiliac (SI) joint is considered medically necessary when all of the following criteria are met: ○ Have moderate to severe pain with functional impairment and pain persists despite a minimum six months of intensive non-operative treatment that must include medication optimization, activity modification, and active therapeutic exercise targeted at the lumbar spine, pelvis, SIJ and hip including a home exercise program; ○ Patient's report of typically unilateral pain that is caudal to the lumbar spine (L5 vertebrae), localized over the posterior SIJ, and consistent with SIJ pain; ○ Localized tenderness with palpation over the sacral sulcus (Fortin's point, i.e., at the insertion of the long dorsal ligament inferior to the posterior superior iliac spine or PSIS) in the absence of tenderness of similar severity elsewhere (e.g., greater trochanter, lumbar spine, coccyx) and other obvious sources for their pain do not exist; ○ Positive response to a cluster of 3 provocative tests (e.g., thigh thrust test, compression test, Gaenslen's test, distraction test, Patrick's sign, posterior provocation test); ○ Absence of generalized pain behavior (e.g., somatoform disorder) or generalized pain disorders (e.g., fibromyalgia); ○ Diagnostic imaging studies that include ALL of the following: ▪ Imaging (plain radiographs and a CT or MRI) of the SI joint that excludes the presence of destructive lesions (e.g., tumor, infection) or inflammatory arthropathy that would not be properly addressed by percutaneous SIJ fusion; ▪ Imaging of the pelvis (AP plain radiograph) to rule out concomitant hip pathology; ▪ Imaging of the lumbar spine (CT or MRI) to rule out neural compression or other degenerative condition that can be causing low back or buttock pain; ○ At least 75 percent reduction of pain for the expected duration of the anesthetic used following an image-guided, contrast-enhanced SIJ injection on two separate occasions Applicable Codes

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Policy Title	**Approval Date**	**Summary of Changes**
Percutaneous or Minimally Invasive Surgical Fusion of the Sacroiliac Joint (continued)	Oct. 12, 2022	• Added ICD-10 diagnosis codes M43.17, M54.18, and M99.04 Supporting Information • Updated *References* section to reflect the most current information
Self-Administered Drug(s) (SAD)	Oct. 12, 2022	Policy Summary *Route of Administration Modifier* • Revised language to indicate: ○ The use of the JA and JB modifiers is required for drugs that have one HCPCS Level II (J or Q) code but multiple routes of administration; drugs that fall under this category will be marked with an asterisk (*) and must be billed with the: ▪ JA modifier for the intravenous infusion of the drug ▪ JB modifier for subcutaneous injection form of administration ○ Absent to the contrary, the Contractor presumes that drugs delivered intravenously are not usually self-administered by the patient; the Contractor will process claims with the JA modifier still applying the policy, as stated in the *Medicare Benefit Policy Manual, Chapter 15, Section 50.2,* that not only must the drug be medically reasonable and necessary, but also that the route of administration is medically reasonable and necessary ○ Subcutaneously administered drugs listed on the Usually Self-Administered list will be denied as a benefit exclusion ○ Claims for drugs marked with an asterisk (*) and billed without a JA or JB modifier will be denied Applicable Codes • Updated list of applicable drug names for: ○ HCPCS codes C9399, J3490, J3590, and J9999 ▪ Added: – Ofatumumab (Kesimpta®) – Tirzepatide (Mounjaro™) – Tralokinumab-ldrm (Adbry™) ▪ Replaced “insulin glargine injection (Toujeo®, Toujeo SoloStar®)” with “all insulin products” ○ HCPCS code J1558 ▪ Removed Xembify® ○ HCPCS code J1815 ▪ Replaced “regular, Neutral Protamine Hagedorn (NPH), Lente, Ultralente, Humalog, Humulin, Iletin, Insulin Lispro, Novo Nordisk, Pork Insulin, Velosulin, Humulin R, Iletin Ii, Insulin Purified Pork, ReliOn, Lente Iletin I,

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Policy Title	Approval Date	Summary of Changes
Self-Administered Drug(s) (SAD) (continued)	Oct. 12, 2022	Novolin R, Humulin R U-500, Lantus, Lantus SoloStar, Novolog" with "all insulin products" **Supporting Information** • Updated *References* section to reflect the most current information

Replaced

Policy Title	Approval Date	Summary of Changes
Biofeedback Therapy for the Treatment of Urinary Incontinence (NCD 30.1.1)	Oct. 12, 2022	• Policy replaced; refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Biofeedback Therapy*
Home Use of Oxygen in Approved Clinical Trials (NCD 240.2.1)	Oct. 12, 2022	• Policy replaced; refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Home Use of Oxygen (NCD 240.2)*

Retired

The following Policy Guidelines have been retired effective Oct. 12, 2022:

- Colorectal Cancer Screening Tests (NCD 210.3)
- External Counterpulsation (ECP) Therapy for Severe Angina (NCD 20.20)
- Hyperbaric Oxygen Therapy (NCD 20.29)
- Screening for Cervical Cancer with Human Papillomavirus (HPV) (NCD 210.2.1)
- Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs (NCD 210.10)
- Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) (NCD 20.35)
- Use of Visual Tests Prior to and General Anesthesia during Cataract Surgery (NCD 10.1)

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 because national and local coverage determinations from the Centers for Medicare and Medicaid Services (CMS) are no longer available or the applicable coverage guidelines are documented in another policy

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.