

# UnitedHealthcare Medicare Advantage Policy Guideline Update Bulletin: November 2022

Access a policy listed below for complete details on the latest updates. A comprehensive summary of changes is provided at the bottom of every policy document for your reference. To view a detailed version of this bulletin, click [here](#).

## Policy Guideline Updates

Policy Title	Status	Approval Date
Ambulatory EEG Monitoring	Updated	Oct. 12, 2022
Biofeedback Therapy	Revised	Oct. 12, 2022
Biofeedback Therapy for the Treatment of Urinary Incontinence (NCD 30.1.1)	Replaced	Oct. 12, 2022
Biomarkers in Cardiovascular Risk Assessment	Revised	Oct. 12, 2022
Clinical Diagnostic Laboratory Services	Updated	Oct. 12, 2022
Colorectal Cancer Screening Tests (NCD 210.3)	Retired	Oct. 12, 2022
External Counterpulsation (ECP) Therapy for Severe Angina (NCD 20.20)	Retired	Oct. 12, 2022
Hemophilia Clotting Factors and Products	Updated	Oct. 12, 2022
Home Use of Oxygen	Revised	Oct. 12, 2022
Home Use of Oxygen in Approved Clinical Trials (NCD 240.2.1)	Replaced	Oct. 12, 2022
Hyperbaric Oxygen Therapy (NCD 20.29)	Retired	Oct. 12, 2022
Infusion Pumps (NCD 280.14)	Updated	Oct. 12, 2022
Molecular Diagnostic Infectious Disease Testing	Updated	Oct. 12, 2022
Molecular Pathology/Genetic Testing Reported with Unlisted Codes	Revised	Oct. 12, 2022
Partial Ventriculectomy (NCD 20.26)	Updated	Oct. 12, 2022
Percutaneous Coronary Interventions	Updated	Oct. 12, 2022
Percutaneous or Minimally Invasive Surgical Fusion of the Sacroiliac Joint	Revised	Oct. 12, 2022
Podiatry	Updated	Oct. 12, 2022
Screening for Cervical Cancer with Human Papillomavirus (HPV) (NCD 210.2.1)	Retired	Oct. 12, 2022
Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs (NCD 210.10)	Retired	Oct. 12, 2022
Self-Administered Drug(s) (SAD)	Revised	Oct. 12, 2022
Stem Cell Transplantation (Formerly 110.8.1) (NCD 110.23)	Updated	Oct. 12, 2022
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) (NCD 20.35)	Retired	Oct. 12, 2022
Thermal Intradiscal Procedures (TIPs) (NCD 150.11)	Updated	Oct. 12, 2022
Use of Visual Tests Prior to and General Anesthesia during Cataract Surgery (NCD 10.1)	Retired	Oct. 12, 2022

## 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 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



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