

# UnitedHealthcare Medicare Advantage Policy Guideline Update Bulletin: November 2023

## In This Issue

### Policy Guideline Updates

Page

#### Updated

- Avastin® (Bevacizumab)..... 2
- Biomarkers in Cardiovascular Risk Assessment..... 2
- Blood Product Molecular Antigen Typing..... 2
- Clinical Diagnostic Laboratory Services ..... 2
- Diagnostic Radiology Services ..... 3
- Erbitux® (Cetuximab)..... 3
- Genetic Testing for Hereditary Cancer ..... 3
- Halaven® (Eribulin Mesylate) ..... 3
- Immune Globulin ..... 3
- Jevtana® (Cabazitaxel) ..... 4
- Molecular Diagnostic Infectious Disease Testing ..... 4
- Molecular Pathology/Genetic Testing Reported with Unlisted Codes..... 4
- Molecular Pathology/Molecular Diagnostics/Genetic Testing ..... 4
- Percutaneous Ventricular Assist Device ..... 4
- Pharmacogenomics Testing ..... 4
- Positron Emission Tomography (PET) Scan..... 4
- Tier 2 Molecular Pathology Procedures..... 5

#### Revised

- Osteopathic Manipulations (OMT) ..... 5
- Sleep Testing for Obstructive Sleep Apnea (OSA) (NCD 240.4.1)..... 6

## Policy Guideline Updates

Updated		
Policy Title	Approval Date	Summary of Changes
Avastin® (Bevacizumab)	Oct. 11, 2023	<p><b>Applicable Codes</b></p> <p><b>Diagnosis Codes</b></p> <p>For Ophthalmic</p> <ul style="list-style-type: none"> <li>Added H36.811, H36.812, H36.813, H36.819, H36.821, H36.822, H36.823, H36.829, and H36.89</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>
Biomarkers in Cardiovascular Risk Assessment	Oct. 11, 2023	<p><b>Applicable Codes</b></p> <p><b>Non-Covered Diagnosis Codes</b></p> <ul style="list-style-type: none"> <li>Removed Z59.0, Z59.4, and Z59.8</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>
Blood Product Molecular Antigen Typing	Oct. 11, 2023	<p><b>Applicable Codes</b></p> <p><b>Diagnosis Codes</b></p> <p>For CPT Codes 0001U and 0084U</p> <ul style="list-style-type: none"> <li>Added D57.04, D57.214, D57.414, D54.434, D57.454, D57.814, and D61.02</li> <li>Removed D55.2</li> </ul> <p><b>Non-Covered Diagnosis Codes</b></p> <ul style="list-style-type: none"> <li>Removed Z59.0, Z59.4, and Z59.8</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>
Clinical Diagnostic Laboratory Services	Oct. 11, 2023	<p><b>Applicable Codes</b></p> <p><b>CPT Codes</b></p> <ul style="list-style-type: none"> <li>Added 0387U, 0390U, 0393U, 0394U, and 0399U</li> <li>Added notation to indicate 0357U and 0386U were “deleted Oct. 1, 2023”</li> <li>Removed 0139U</li> </ul> <p><b>Non-Covered Diagnosis Codes</b></p> <ul style="list-style-type: none"> <li>Removed Z59.0, Z59.4, and Z59.8</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>

## Policy Guideline Updates

Updated		
Policy Title	Approval Date	Summary of Changes
Diagnostic Radiology Services	Oct. 11, 2023	<p><b>Applicable Codes</b></p> <p><b>Non-Covered Diagnosis Codes</b></p> <ul style="list-style-type: none"> <li>Removed Z59.0, Z59.4, and Z59.8</li> </ul>
Erbitux® (Cetuximab)	Oct. 11, 2023	<p><b>Applicable Codes</b></p> <p><b>Diagnosis Codes</b></p> <ul style="list-style-type: none"> <li>Added notation indicating C18.1 was “deleted Oct. 11, 2023”</li> <li>Removed C78.89, Z85.21, Z85.22, Z85.49, Z85.810, Z85.818, Z85.819, and Z85.828</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>
Genetic Testing for Hereditary Cancer	Oct. 11, 2023	<p><b>Applicable Codes</b></p> <p><b>Diagnosis Codes</b></p> <p>For CPT Codes 81351 and 81352</p> <ul style="list-style-type: none"> <li>Added C91.10, C91.11, and C91.12</li> </ul> <p><b>Non-Covered Diagnosis Codes</b></p> <ul style="list-style-type: none"> <li>Removed Z59.0, Z59.4, and Z59.8</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>
Halaven® (Eribulin Mesylate)	Oct. 11, 2023	<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>Chemotherapy and Associated Drugs and Treatments</i></li> </ul> <p><b>Applicable Codes</b></p> <p><b>Diagnosis Codes</b></p> <ul style="list-style-type: none"> <li>Added C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, Z85.42, and Z85.831</li> <li>Removed Z85.831</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>
Immune Globulin	Oct. 11, 2023	<p><b>Applicable Codes</b></p> <p><b>Diagnosis Codes</b></p> <p>For HCPCS Codes J1551, J1555, J1558, J1559, J1561, J1562, J1569, and J1575</p> <ul style="list-style-type: none"> <li>Added D57.04, D57.214, D57.414, D57.434, D57.454, D57.814, D61.02, D89.84, and M60.80</li> </ul>

## Policy Guideline Updates

Updated		
Policy Title	Approval Date	Summary of Changes
Immune Globulin (continued)	Oct. 11, 2023	<b>Supporting Information</b> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> </ul>
Jevtana® (Cabazitaxel)	Oct. 11, 2023	<b>Related Policies</b> <ul style="list-style-type: none"> <li>Removed reference link to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Chemotherapy and Associated Drugs and Treatments</i></li> </ul> <b>Supporting Information</b> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> </ul>
Molecular Diagnostic Infectious Disease Testing	Oct. 11, 2023	<b>Applicable Codes</b> <b>Non-Covered Diagnosis Codes</b> <ul style="list-style-type: none"> <li>Removed Z59.0, Z59.4, and Z59.8</li> </ul>
Molecular Pathology/Genetic Testing Reported with Unlisted Codes	Oct. 11, 2023	<b>Applicable Codes</b> <b>Non-Covered Diagnosis Codes</b> <ul style="list-style-type: none"> <li>Removed Z59.0, Z59.4, and Z59.8</li> </ul>
Molecular Pathology/Molecular Diagnostics/Genetic Testing	Oct. 11, 2023	<b>Applicable Codes</b> <b>Non-Covered Diagnosis Codes</b> <ul style="list-style-type: none"> <li>Removed Z59.0, Z59.4, and Z59.8</li> </ul>
Percutaneous Ventricular Assist Device	Oct. 11, 2023	<b>Applicable Codes</b> <b>Diagnosis Codes</b> <ul style="list-style-type: none"> <li>Added I50.1, I50.20, I50.22, I50.30, I50.31, I50.32, I50.33, I50.40, I50.42, I50.84, I50.9, I51.4, and I51.9</li> </ul>
Pharmacogenomics Testing	Oct. 11, 2023	<b>Applicable Codes</b> <b>Non-Covered Diagnosis Codes</b> <ul style="list-style-type: none"> <li>Removed Z59.0, Z59.4, and Z59.8</li> </ul>
Positron Emission Tomography (PET) Scan	Oct. 11, 2023	<b>Applicable Codes</b> <b>Diagnosis Codes</b> <b>Myocardial Imaging</b> <ul style="list-style-type: none"> <li>Added I20.81, I20.89, I21.B, I24.89, and I25.85</li> <li>Added notation to indicate: <ul style="list-style-type: none"> <li>I20.8, I24.8, and I47.1 were “deleted Sep. 30. 2023”</li> </ul> </li> </ul>

## Policy Guideline Updates

Updated		
Policy Title	Approval Date	Summary of Changes
Positron Emission Tomography (PET) Scan (continued)	Oct. 11, 2023	<ul style="list-style-type: none"> <li>147.2 was “deleted Sep. 30, 2022”</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>
Tier 2 Molecular Pathology Procedures	Oct. 11, 2023	<p><b>Applicable Codes</b></p> <p><b>Non-Covered Diagnosis Codes</b></p> <ul style="list-style-type: none"> <li>Removed Z59.0, Z59.4, and Z59.8</li> </ul>
Revised		
Policy Title	Approval Date	Summary of Changes
Osteopathic Manipulations (OMT)	Oct. 11, 2023	<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>Chiropractic Services</i></li> </ul> <p><b>Policy Summary</b></p> <p><b>Overview</b></p> <ul style="list-style-type: none"> <li>Replaced language indicating: <ul style="list-style-type: none"> <li>“The diagnosis of somatic dysfunction is made by determining the presence of one or more findings, <i>known as T.A.R.T</i> (Tenderness, Asymmetry, Restriction of Motion, and Tissue Abnormality)” with “the diagnosis of somatic dysfunction is made by determining the presence of one or more findings <i>described by the acronym TART</i> (Tenderness, Asymmetry, Restriction of Motion, and Tissue Abnormality)”</li> <li>“Osteopathic manipulative treatment includes <i>thrust (active correction)</i>, muscle energy, high velocity-low amplitude, <i>articulation</i>, counterstrain, myofascial release, <i>and</i> visceral and <i>craniosacral techniques</i>” with “osteopathic manipulative treatment includes muscle energy, high velocity-low amplitude, counterstrain, myofascial release, visceral and <i>craniosacra</i>”</li> <li>“Osteopathic manipulative treatment <i>can also be used</i> to treat the somatic component of visceral <i>diseases and any organ system</i>” with “osteopathic manipulative treatment <i>is also utilized</i> to treat the somatic component of visceral <i>diseases</i>”</li> </ul> </li> <li>Removed language indicating normalizing musculoskeletal activity (relaxing tense muscles, etc.) can normalize outflows through sympathetic or parasympathetic autonomic nervous systems to visceral systems, resulting in more normal visceral and any organ system function</li> </ul> <p><b>Guidelines</b></p> <ul style="list-style-type: none"> <li>Removed <i>Definitions</i> section</li> </ul> <p><b>Documentation Requirements</b></p>

## Policy Guideline Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Osteopathic Manipulations (OMT) (continued)	Oct. 11, 2023	<ul style="list-style-type: none"> <li>Replaced language indicating “documentation of examination findings of somatic dysfunction should describe pathology in the areas of the skeletal, arthroidal, and myofascial structures as well as related vascular, lymphatic, and <i>neuro</i> elements” with “documentation of examination findings of somatic dysfunction should describe pathology in the areas of the skeletal, arthroidal, and myofascial structures as well as related vascular, lymphatic, and <i>neural</i> elements <i>when present</i>”</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>
Sleep Testing for Obstructive Sleep Apnea (OSA) (NCD 240.4.1)	Oct. 11, 2023	<p><b>Policy Summary</b></p> <p><b>Overview</b></p> <ul style="list-style-type: none"> <li>Added language to indicate: <ul style="list-style-type: none"> <li>Diagnostic tests for obstructive sleep apnea (OSA) have historically been classified into four types; the most comprehensive is designated Type I attended facility-based polysomnography (PSG), which is considered the reference standard for diagnosing OSA <ul style="list-style-type: none"> <li>Attended facility based polysomnogram is a comprehensive diagnostic sleep test including at least electroencephalography (EEG), electro-oculography (EOG), electromyography (EMG), heart rate or electrocardiography (ECG), airflow, breathing/respiratory effort, and arterial oxygen saturation (SaO2) furnished in a sleep laboratory facility in which a technologist supervises the recording during sleep time and has the ability to intervene if needed</li> <li>Overnight PSG is the conventional diagnostic test for OSA</li> <li>The American Thoracic Society and the American Academy of Sleep Medicine have recommended supervised PSG in the sleep laboratory over 2 nights for the diagnosis of OSA and the initiation of continuous positive airway pressure (CPAP)</li> </ul> </li> <li>Three categories of portable monitors (used both in attended and unattended settings) have been developed for the diagnosis of OSA <ul style="list-style-type: none"> <li>Type II monitors have a minimum of 7 channels (e.g., EEG, EOG, EMG, ECG-heart rate, airflow, breathing/respiratory effort, SaO2); this type of device monitors sleep staging, so AHI can be calculated</li> <li>Type III monitors have a minimum of 4 monitored channels including ventilation or airflow (at least two channels of respiratory movement or respiratory movement and airflow), heart rate or ECG, and oxygen saturation</li> <li>Type IV devices may measure one, two, three, or more parameters but do not meet all the criteria of a higher category device</li> <li>Some monitors use an actigraphy algorithm to identify periods of sleep and wakefulness</li> </ul> </li> </ul> </li> </ul>

## Policy Guideline Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Sleep Testing for Obstructive Sleep Apnea (OSA) (NCD 240.4.1) (continued)	Oct. 11, 2023	<p><b>Applicable Codes</b></p> <p><b>CPT Codes</b></p> <ul style="list-style-type: none"> <li>Revised description for 95808, 95810, and 95811</li> </ul> <p><b>Diagnosis Codes (Facility Only)</b></p> <p>For Procedure Codes 95800, 95801, 95806, 95807, 95808, 95810, 95811, G0398, G0399, and G0400</p> <ul style="list-style-type: none"> <li>Added G47.37, G47.52, G47.53, and G47.9</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 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](https://www.uhcprovider.com) > Policies and Protocols > Medicare Advantage Policies > [Policy Guidelines](#).