United Healthcare Medicare Advantage

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Policy Guideline Update Bulletin: October 2022

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Policy Guideline Updates

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Policy Title	**Approval Date**	**Summary of Changes**
Acupuncture	Sep. 14, 2022	Title Change • Previously titled *Acupuncture (NCD 30.3)* Applicable Codes • Added ICD-10 diagnosis codes M51.A1, M51.A2, M51.A4, and M51.A5 Supporting Information • Updated *References* section to reflect the most current information
Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Programs	Sep. 14, 2022	Applicable Codes *Diagnosis Codes* • Added I20.2, I25.112, I25.702, I25.712, I25.722, I25.732, I25.752, I25.762, and I25.792 for CPT codes 93797 and 93798 Supporting Information • Updated *References* section to reflect the most current information
Category III CPT Codes	Sep. 14, 2022	Policy Summary *Overview* • Streamlined content; removed supplementary language pertaining to guideline sourcing and *Title XVIII of the Social Security Act* Applicable Codes *Non-Covered* • Added CPT codes 0717T, 0718T, 0719T, 0720T, and 0736T *Provisional Coverage* • Added CPT codes 0652T, 0653T, and 0654T • Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis (NCD 150.13)* for CPT code 0275T *Possible Provisional Coverage* • Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Chimeric Antigen Receptor (CAR) T-cell Therapy (NCD 110.24)* for CPT codes 0537T, 0538T, 0539T, and 0540T Supporting Information • Updated *References* section to reflect the most current information
Continuous Glucose Monitors	Sep. 14, 2022	Policy Summary *Miscellaneous Coding Information* • Added language to indicate A9279 (monitoring feature/device, stand-alone or integrated, any type, includes all

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Continuous Glucose Monitors (continued)	Sep. 14, 2022	accessories, components, and electronics, not otherwise classified) is used to describe any CGM system and/or related supplies that fail to meet the durable medical equipment (DME) benefit requirement as described under the *Non-Medical Necessity Coverage and Payment Rules* section in the Local Coverage Determination (LCD)-related Policy Article • Removed notation reminding suppliers that the use of modifiers CG and KX is required, as appropriate, with the HCPCS codes describing both adjunctive and non-adjunctive continuous glucose monitor (CGM) devices and the associated supply allowance codes **Applicable Codes** ***HCPCS Codes*** • Added A9279, G0308, and G0309 ***Coding Clarification*** • Replaced instruction to "refer to the applicable LCDs for diagnosis codes that support coverage for implantable continuous glucose monitoring (I-CGM) for CPT codes 0446T and 0448T" with "refer to the applicable LCDs *and related articles* for diagnosis codes that support coverage for I-CGM for CPT codes 0446T, 0448T, *G0308, and G0309*" **Supporting Information** • Updated *References* section to reflect the most current information
Corneal Topography	Sep. 14, 2022	**Policy Summary** ***Overview*** • Streamlined content; removed supplementary language describing the procedure and use of findings **Applicable Codes** • Removed ICD-10 diagnosis codes H18.51, H18.52, H18.53, H18.54, H18.55, H18.59, T86.840, T86.841, and T86.848
Cosmetic and Reconstructive Services and Procedures	Sep. 14, 2022	**Related Policies** • Removed reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled: ○ *Breast Reconstruction Following Mastectomy (NCD 140.2)* ○ *Plastic Surgery to Correct "Moon Face" (NCD 140.4)* ○ *Treatment of Actinic Keratosis (NCD 250.4)* **Applicable Codes** ***Coding Clarification*** • Removed instruction to refer to the Medicare Advantage Policy Guideline titled *Plastic Surgery to Correct "Moon Face" (NCD 140.4)* for CPT codes related to rhytidectomy ***CPT Codes***

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Cosmetic and Reconstructive Services and Procedures (continued)	Sep. 14, 2022	**Breast Surgery** • Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Breast Reconstruction Following Mastectomy (NCD 140.2)* **Chemical Peel** • Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Treatment of Actinic Keratosis (NCD 250.4)* **Cosmetic (Always Considered Cosmetic and Non-Covered)** • Added 15824, 15825, 15826, 15828, and 15829 with corresponding instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9)* ***HCPCS Codes*** **Dermal Injections** • Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome (LDS) (NCD 250.5)*

Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9)	Sep. 14, 2022	**Related Policies**
		• Removed reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled:
		  ○ *Breast Reconstruction Following Mastectomy (NCD 140.2)*
		  ○ *Plastic Surgery to Correct "Moon Face" (NCD 140.4)*
		  ○ *Treatment of Actinic Keratosis (NCD 250.4)*
		Applicable Codes
		Other Ancillary Services
		• Added instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Cosmetic and Reconstructive Services and Procedures* for CPT codes 15824, 15825, 15826, 15828, and 15829
		• Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled:
		  ○ *Treatment of Actinic Keratosis (NCD 250.4)* for CPT codes 15788, 15789, 15792, and 15793
		  ○ *Plastic Surgery to Correct "Moon Face" (NCD 140.4)* for CPT codes 15824, 15825, 15826, 15828, and 15829
		  ○ *Breast Reconstruction Following Mastectomy (NCD 140.2)* for CPT codes 19340, 19342, and 19350
		Supporting Information
		• Updated *References* section to reflect the most current information

Halaven® (Eribulin Mesylate)	Sep. 14, 2022	**Related Policies** • Removed reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Coverage of Drugs and Biologicals for Label and Off-Label Uses*

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Halaven® (Eribulin Mesylate) (continued)	Sep. 14, 2022	Policy Summary *Guidelines* • Removed language describing compendia ratings and recommendation systems Applicable Codes • Added notation to indicate ICD-10 diagnosis codes C22.3, Z85.3, and Z85.831 were "deleted Sep. 14, 2022" Supporting Information • Updated *References* section to reflect the most current information
Jevtana® (Cabazitaxel)	Sep. 14, 2022	Related Policies • Removed reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Coverage of Drugs and Biologicals for Label and Off-Label Uses* Policy Summary *Guidelines* • Removed language describing compendia ratings and recommendation systems Applicable Codes • Added ICD-10 diagnosis codes C7A.1 and C7A.8 Supporting Information • Updated *References* section to reflect the most current information
Molecular Diagnostic Infectious Disease Testing	Sep. 14, 2022	Applicable Codes *CPT Codes: Provisional Coverage* • Added 87913 *Diagnosis Codes* • Removed list of covered diagnosis codes; refer to the applicable Local Coverage Determination(s) Questions and Answers (Q&A) • Updated Q&A #1 pertaining to coverage of multiplex PCR respiratory viral panels • Added Q&A #2 addressing the removal and current location of the list of covered ICD-10 diagnosis codes for respiratory and gastrointestinal panels Supporting Information • Updated *References* section to reflect the most current information

Policy Guideline Updates

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Policy Title	Approval Date	Summary of Changes
Osteogenic Stimulators (NCD 150.2)	Sep. 14, 2022	**Applicable Codes** • Removed modifier code EY
Positron Emission Tomography (PET) Scan	Sep. 14, 2022	**Applicable Codes** • Added HCPCS codes A9596 and A9601 **Supporting Information** • Updated *References* section to reflect the most current information
Transcatheter Aortic Valve Replacement (TAVR) (NCD 20.32)	Sep. 14, 2022	**Applicable Codes** • Added ICD-10 procedure code 02RF38N **Supporting Information** • Updated *References* section to reflect the most current information

Revised

Policy Title	Approval Date	Summary of Changes

Erbitux® (Cetuximab)	Sep. 14, 2022	**Policy Summary**
		Guidelines
		• Revised language to indicate:
		  ○ *Medicare Benefit Policy Manual – Pub. 100-02, Chapter 15, Section 50*, describes national policy regarding Medicare guidelines for coverage of drugs and biologicals
		  ○ Drugs or biologicals approved for marketing by the Food and Drug Administration (FDA) are considered safe and effective when used for indications specified on the labeling; please refer to the *Medicare Benefit Policy Manual – Pub. 100-02, Chapter 15, Section 50.4.1* for the approved use of an FDA approved drug or biological
		  ○ In the case of drugs used in an anti-cancer chemotherapeutic regimen, off-label uses are covered for a medically accepted indication as defined in the *Medicare Benefit Policy Manual – Pub. 100-02, Chapter 15, Section 50.4.5*
		Coverage
		Colorectal Cancer
		• Revised list of FDA approved indications for Cetuximab (Erbitux®); added "BRAF V600E Mutation-Positive Metastatic Colorectal Cancer (CRC), in combination with encorafenib, for the treatment of adult patients with metastatic colorectal cancer (CRC) with a BRAF V600E mutation, as detected by an FDA-approved test, after prior therapy"
		Documentation Requirements
		• Updated list of required clinical documentation; removed language indicating the medical record must include the duration of the administration (for CPT codes that are time based)

Policy Guideline Updates

Revised

Policy Title	Approval Date	Summary of Changes
Erbitux® (Cetuximab) (continued)	Sep. 14, 2022	**Applicable Codes** • Removed modifier code KX • Added notation to indicate ICD-10 diagnosis codes C17.0, C17.1, C17.2, C17.8, C17.9, and Z85.068 were "deleted Sep. 14, 2022" **Supporting Information** • Updated *References* section to reflect the most current information

Hemophilia Clotting Factors and Products	Sep. 14, 2022	**Title Change**
		• Previously titled *Hemophilia Clotting Factors*
		Related Policies
		• Removed reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Anti-Inhibitor Coagulant Complex (AICC) (NCD 110.3)*
		Policy Summary
		• Added language [previously included in the UnitedHealthcare Medicare Advantage Policy Guideline titled *Anti-Inhibitor Coagulant Complex (AICC) (NCD 110.3)*] to indicate:
		  ○ Anti-inhibitor coagulant complex (AICC) is a drug used to treat hemophilia in patients with factor VIII inhibitor antibodies
		  ○ Per Centers for Medicare & Medicaid (CMS) *National Coverage Determination (NCD) 110.3*, AICC has been shown to be safe and effective and has Medicare coverage when furnished to patients with hemophilia A and inhibitor antibodies to factor VIII who have major bleeding episodes and who fail to respond to other, less expensive therapies
		Applicable Codes
		HCPCS Code J7198
		• Added ICD-10 diagnosis codes D66, D67, D68.0, D68.1, D68.2, D68.311, D68.312, D68.318, and D68.4
		• Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Anti-Inhibitor Coagulant Complex (AICC) (NCD 110.3)*

Replaced

Policy Title	Approval Date	Summary of Changes
Anti-Inhibitor Coagulant Complex (AICC) (NCD 110.3)	Sep. 14, 2022	• Policy replaced; refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Hemophilia Clotting Factors*

Policy Guideline Updates

Retired

The following Policy Guidelines have been retired effective Sep. 14, 2022:

- Aprepitant for Chemotherapy-Induced Emesis (NCD 110.18)
- Breast Reconstruction Following Mastectomy (NCD 140.2)
- Camptosar® (Irinotecan)
- Colony Stimulating Factors
- Eloxatin® (Oxaliplatin)
- Heart Transplants (NCD 260.9)
- Histocompatibility Testing (NCD 190.1)
- Intravenous Iron Therapy (NCD 110.10)
- Kidney Disease Education
- Medical Nutrition Therapy (NCD 180.1)
- Phrenic Nerve Stimulator (NCD 160.19)
- Plastic Surgery to Correct "Moon Face" (NCD 140.4)
- Prosthetic Shoe (NCD 280.10)
- Screening for Hepatitis B Virus (HBV) Infection (NCD 210.6)
- Screening for Hepatitis C Virus (HCV) in Adults (NCD 210.13)
- Speech Generating Devices (NCD 50.1)
- Sweat Test (NCD 190.5)

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.