

UnitedHealthcare Medicare Advantage Policy Guideline Update Bulletin: October 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
Acupuncture	Updated	Sep. 14, 2022
Anti-Inhibitor Coagulant Complex (AICC) (NCD 110.3)	Replaced	Sep. 14, 2022
Aprepitant for Chemotherapy-Induced Emesis (NCD 110.18)	Retired	Sep. 14, 2022
Breast Reconstruction Following Mastectomy (NCD 140.2)	Retired	Sep. 14, 2022
Camptosar® (Irinotecan)	Retired	Sep. 14, 2022
Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Programs	Updated	Sep. 14, 2022
Category III CPT Codes	Updated	Sep. 14, 2022
Colony Stimulating Factors	Retired	Sep. 14, 2022
Continuous Glucose Monitors	Updated	Sep. 14, 2022
Corneal Topography	Updated	Sep. 14, 2022
Cosmetic and Reconstructive Services and Procedures	Updated	Sep. 14, 2022
Eloxatin® (Oxaliplatin)	Retired	Sep. 14, 2022
Erbitux® (Cetuximab)	Revised	Sep. 14, 2022
Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9)	Updated	Sep. 14, 2022
Halaven® (Eribulin Mesylate)	Updated	Sep. 14, 2022
Heart Transplants (NCD 260.9)	Retired	Sep. 14, 2022
Hemophilia Clotting Factors and Products	Revised	Sep. 14, 2022
Histocompatibility Testing (NCD 190.1)	Retired	Sep. 14, 2022
Intravenous Iron Therapy (NCD 110.10)	Retired	Sep. 14, 2022
Jevtana® (Cabazitaxel)	Updated	Sep. 14, 2022
Kidney Disease Education	Retired	Sep. 14, 2022
Medical Nutrition Therapy (NCD 180.1)	Retired	Sep. 14, 2022
Molecular Diagnostic Infectious Disease Testing	Updated	Sep. 14, 2022
Osteogenic Stimulators (NCD 150.2)	Updated	Sep. 14, 2022
Phrenic Nerve Stimulator (NCD 160.19)	Retired	Sep. 14, 2022
Plastic Surgery to Correct "Moon Face" (NCD 140.4)	Retired	Sep. 14, 2022
Positron Emission Tomography (PET) Scan	Updated	Sep. 14, 2022
Prosthetic Shoe (NCD 280.10)	Retired	Sep. 14, 2022
Screening for Hepatitis B Virus (HBV) Infection (NCD 210.6)	Retired	Sep. 14, 2022
Screening for Hepatitis C Virus (HCV) in Adults (NCD 210.13)	Retired	Sep. 14, 2022
Speech Generating Devices (NCD 50.1)	Retired	Sep. 14, 2022

Policy Title	Status	Approval Date
Sweat Test (NCD 190.5)	Retired	Sep. 14, 2022
Transcatheter Aortic Valve Replacement (TAVR) (NCD 20.32)	Updated	Sep. 14, 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 > Policies and Protocols > Medicare Advantage Policies > [Policy Guidelines](#).