

UnitedHealthcare Medicare Advantage **Policy Guideline Update Bulletin: October 2023**

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Policy Guideline Updates

Updated

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Policy Guideline Updates

Updated		
Policy Title	Approval Date	Summary of Changes
Ambulatory EEG Monitoring	Sep. 13, 2023	<p>Applicable Codes</p> <p>Diagnosis Codes</p> <p>For CPT Codes 95700, 95705, 95708, 95717, 95719, and 95721</p> <ul style="list-style-type: none"> Added R40.2A and R41.3 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Blood-Derived Products for Chronic Non-Healing Wounds (NCD 270.3)	Sep. 13, 2023	<p>Applicable Codes</p> <ul style="list-style-type: none"> Revised description for HCPCS codes G0460 and G0465 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Capsule Endoscopy	Sep. 13, 2023	<p>Applicable Codes</p> <ul style="list-style-type: none"> Removed CPT code 0355T <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Corneal Topography	Sep. 13, 2023	<p>Applicable Codes</p> <ul style="list-style-type: none"> Removed list of applicable modifiers: LT, RT, and 50
Genetic Testing for Cardiovascular Disease	Sep. 13, 2023	<p>Applicable Codes</p> <p>Non-Covered</p> <ul style="list-style-type: none"> Added CPT codes 0401U and 81493 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information
Spinal Cord Stimulators for Chronic Pain	Sep. 13, 2023	<p>Policy Summary</p> <ul style="list-style-type: none"> Removed instruction to refer to the appropriate Local Coverage Determinations (LCDs) for individual state coverage guidelines <p>Applicable Codes</p> <p>Covered Diagnosis Codes</p> <p>For CPT Codes 63650 and 63655</p> <ul style="list-style-type: none"> Added notation to indicate B02.0, B02.22, G03.0, G03.1, G03.8, G03.9, G54.0, G54.1, G54.7, G56.40, G56.41, G56.42, G56.43, G56.80, G56.81, G56.82, G56.83, G56.90, G56.91, G56.92, G56.93, G57.80, G57.81, G57.82, G57.83, G57.90, G57.91, G57.92, G57.93, G89.28, I70.221, I70.222, I70.223, I70.228, I70.229, S14.101S, S14.102S, S14.103S,

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Policy Title	Approval Date	Summary of Changes
Spinal Cord Stimulators for Chronic Pain (continued)	Sep. 13, 2023	<p>S14.104S, S14.105S, S14.106S, S14.107S, S14.108S, S14.111S, S14.112S, S14.113S, S14.114S, S14.115S, S14.116S, S14.117S, S14.118S, S14.121S, S14.122S, S14.123S, S14.124S, S14.125S, S14.126S, S14.127S, S14.128S, S14.131S, S14.132S, S14.133S, S14.134S, S14.135S, S14.136S, S14.137S, S14.138S, S14.151S, S14.152S, S14.153S, S14.154S, S14.155S, S14.156S, S14.157S, S14.158S, S24.101S, S24.102S, S24.103S, S24.104S, S24.111S, S24.112S, S24.113S, S24.114S, S24.131S, S24.132S, S24.133S, S24.134S, S24.151S, S24.152S, S24.153S, S24.154S, S34.101S, S34.102S, S34.103S, S34.104S, S34.105S, S34.111S, S34.112S, S34.113S, S34.114S, S34.115S, S34.121S, S34.122S, S34.123S, S34.124S, S34.125S, S34.131S, S34.132S, S34.139S, and S34.3XXS were “deleted Jul. 13, 2023”</p> <p>For CPT Code 63685</p> <ul style="list-style-type: none"> Added notation to indicate B02.0, B02.22, G03.0, G03.1, G03.8, G03.9, G54.0, G54.1, G54.7, G56.40, G56.41, G56.42, G56.43, G56.80, G56.81, G56.82, G56.83, G56.90, G56.91, G56.92, G56.93, G57.80, G57.81, G57.82, G57.83, G57.90, G57.91, G57.92, G57.93, G89.28, I70.221, I70.222, I70.223, I70.228, I70.229, S14.101S, S14.102S, S14.103S, S14.104S, S14.105S, S14.106S, S14.107S, S14.108S, S14.111S, S14.112S, S14.113S, S14.114S, S14.115S, S14.116S, S14.117S, S14.118S, S14.121S, S14.122S, S14.123S, S14.124S, S14.125S, S14.126S, S14.127S, S14.128S, S14.131S, S14.132S, S14.133S, S14.134S, S14.135S, S14.136S, S14.137S, S14.138S, S14.151S, S14.152S, S14.153S, S14.154S, S14.155S, S14.156S, S14.157S, S14.158S, S24.101S, S24.102S, S24.103S, S24.104S, S24.111S, S24.112S, S24.113S, S24.114S, S24.131S, S24.132S, S24.133S, S24.134S, S24.151S, S24.152S, S24.153S, S24.154S, S34.101S, S34.102S, S34.103S, S34.104S, S34.105S, S34.111S, S34.112S, S34.113S, S34.114S, S34.115S, S34.121S, S34.122S, S34.123S, S34.124S, S34.125S, S34.131S, S34.132S, S34.139S, S34.3XXS, T85.01XA, T85.01XD, T85.01XS, T85.02XA, T85.02XD, T85.02XS, T85.03XA, T85.03XD, T85.03XS, T85.09XA, T85.09XD, T85.09XS, T85.110A, T85.110D, T85.110S, T85.111A, T85.111D, T85.111S, T85.118A, T85.118D, T85.118S, T85.120A, T85.120D, T85.120S, T85.121A, T85.121D, T85.121S, T85.128A, T85.128D, T85.128S, T85.190A, T85.190D, T85.190S, T85.191A, T85.191D, T85.191S, T85.199A, T85.199D, T85.199S, T85.79XA, T85.79XD, T85.79XS, T85.810A, T85.810D, T85.810S, T85.818A, T85.818D, T85.818S, T85.820A, T85.820D, T85.820S, T85.828A, T85.828D, T85.828S, T85.830A, T85.830D, T85.830S, T85.838A, T85.838D, T85.838S, T85.840A, T85.840D, T85.840S, T85.848A, T85.848D, T85.848S, T85.850A, T85.850D, T85.850S, T85.858A, T85.858D, T85.858S, T85.860A, T85.860D, T85.860S, T85.868A, T85.868D, T85.868S, T85.890A, T85.890D, T85.890S, T85.898A, T85.898D, and T85.898S were “deleted Jul. 13, 2023” <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information

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](#).