

# UnitedHealthcare Medicare Advantage Policy Guideline Update Bulletin: September 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
Air-Fluidized Bed (NCD 280.8)	Replaced	Aug. 10, 2022
Ambulatory EEG Monitoring	Revised	Aug. 10, 2022
Ambulatory EEG Monitoring (NCD 160.22)	Replaced	Aug. 10, 2022
Artificial Hearts and Related Devices (Formerly NCD 20.9)	Retired	Aug. 10, 2022
Bladder Stimulators (Pacemakers) (NCD 230.16)	Retired	Aug. 10, 2022
Blood Brain Barrier Osmotic Disruption for Treatment of Brain Tumors (NCD 110.20)	Retired	Aug. 10, 2022
Blood Platelet Transfusions (NCD 110.8)	Replaced	Aug. 10, 2022
Blood Transfusions (NCD 110.7)	Replaced	Aug. 10, 2022
Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Programs	Updated	Aug. 10, 2022
Chimeric Antigen Receptor (CAR) T-cell Therapy (NCD 110.24)	Retired	Aug. 10, 2022
Clinical Diagnostic Laboratory Services	Updated	Aug. 10, 2022
Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA) (NCD 240.4)	Replaced	Aug. 10, 2022
Coverage of Drugs and Biologicals for Label and Off-Label Uses	Retired	Aug. 10, 2022
Durable Medical Equipment Reference List	Revised	Aug. 10, 2022
Hospital Beds (NCD 280.7)	Updated	Aug. 10, 2022
Infrared Therapy Devices (NCD 270.6)	Replaced	Aug. 10, 2022
Infusion Pumps (NCD 280.14)	Updated	Aug. 10, 2022
Molecular Pathology/Genetic Testing Reported with Unlisted Codes	Revised	Aug. 10, 2022
Noncontact Normothermic Wound Therapy (NNWT) (NCD 270.2)	Replaced	Aug. 10, 2022
Obsolete or Unreliable Diagnostic Tests (NCD 300.1)	Replaced	Aug. 10, 2022
Osteopathic Manipulations (OMT)	Updated	Aug. 10, 2022
Percutaneous Image-Guided Breast Biopsy (NCD 220.13)	Retired	Aug. 10, 2022
Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis (NCD 150.13)	Retired	Aug. 10, 2022
Percutaneous Ventricular Assist Device	Updated	Aug. 10, 2022
Platelet Rich Plasma Injections for Non-Wound Injections	New	Aug. 10, 2022
Pressure Reducing Support Surfaces	Revised	Aug. 10, 2022
Screening for Depression in Adults (NCD 210.9)	Retired	Aug. 10, 2022
Seat Lift (NCD 280.4)	Replaced	Aug. 10, 2022
Thermography (NCD 220.11)	Retired	Aug. 10, 2022

<b>Policy Title</b>	<b>Status</b>	<b>Approval Date</b>
Ventricular Assist Devices (NCD 20.9.1)	Updated	Aug. 10, 2022
Vertebral Augmentation Procedure (VAP)/Percutaneous Vertebroplasty	Retired	Aug. 10, 2022
Zoledronic Acid (Zometa® & Reclast®)	Revised	Aug. 10, 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](#).