United Healthcare Medicare Advantage

UnitedHealthcare Medicare Advantage

Policy Guideline Update Bulletin: September 2023

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Policy Guideline Updates

Updated

Policy Title	Approval Date	Summary of Changes
Clinical Diagnostic Laboratory Services	Aug. 9, 2023	**Applicable Codes** • Added CPT codes 81370, 81371, 81372, 81373, 81375, 81376, 81378, 81379, 81380, and 81382 • Added notation to indicate CPT codes 81370, 81371, 81372, 81373, 81375, 81376, 81378, 81379, 81380, and 81382 are not covered when submitted with a screening diagnosis
Pharmacogenomics Testing	Aug. 9, 2023	**Related Policies** • Added reference link to the UnitedHealthcare Commercial Medical Policy titled *Pharmacogenetic Panel Testing* • Removed reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Molecular Pathology Procedures for Human Leukocyte Antigen (HLA) Typing* **Applicable Codes** ***Provisional Coverage*** • Added CPT codes 0392U, 81374, 81377, 81381, and 81383 **Supporting Information** • Updated *References* section to reflect the most current information

Revised

Policy Title	Approval Date	Summary of Changes

Long-Term Wearable Electrocardiographic Monitoring	Aug. 9, 2023	**Policy Summary**
		Overview
		• Revised language to indicate long-term electrocardiographic (ECG) monitoring is defined as a diagnostic procedure, which can provide continuous recording capabilities of ECG activities of the patient's heart while the patient is engaged in daily activities
		  ○ These can include continuous, patient-demand or auto-detection devices
		  ○ The purpose of these tests is to provide information about rhythm disturbances and waveform abnormalities and to note the frequency of their occurrence
		Guidelines
		• Removed *Definitions* section
		Non-Activated Continuous Recorders (Holter Monitor/Patch Recorder) [previously titled Non-Activated Continuous Recorders (Holter Monitor/External Electrocardiographic Recording)]
		• Replaced language indicating "the use of external electrocardiographic event monitors for greater than 48 hours and up to 7 days or for greater than 7 days up to 15 days *that are either patient-activated or auto-activated* may be considered medically necessary as a diagnostic alternative to Holter monitoring in patients who experience infrequent symptoms (less frequently than every 48 hours) suggestive of cardiac arrhythmias (i.e., palpitations, dizziness,

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Long-Term Wearable Electrocardiographic Monitoring (continued)	Aug. 9, 2023	presyncope, or syncope)" with "the use of external electrocardiographic event monitors for greater than 48 hours and up to 7 days or for greater than 7 days up to 15 days may be considered medically necessary as a diagnostic alternative to Holter monitoring in patients who experience infrequent symptoms (less frequently than every 48 hours) suggestive of cardiac arrhythmias (i.e., palpitations, dizziness, presyncope, or syncope)" Patient/Event-Activated Intermittent Recorders (Memory Loop Event Monitor, Outpatient Cardiac Telemetry) [previously titled Patient/Event-Activated Intermittent Recorders (Loop Event Monitors, Remote Cardiovascular Monitoring)] • Revised list of indications for coverage of cardiac event detection; replaced "regulation of antiarrhythmic drug dosages" with "regulation of antiarrhythmic drug dosages *when needed to assess efficacy of treatment*" Limitations • Removed language indicating the use of multiple forms of cardiac surveillance services (e.g., Holter monitor, other event recorder) provided to the same patient on the same day is not medically necessary • Replaced language indicating "the receiving station must be staffed on a 24-hour basis and should be able to direct the patient for the management of all emergencies" with "the receiving station must be staffed on a 24-hour basis *with personnel trained to read EKGs (e.g., critical care nurses or paramedics),* and should be able to direct the patient for the management of all emergencies" **Applicable Codes** ***ICD-10 Diagnosis Codes*** For CPT Codes 93228, 93229, 93241, 93242, 93243, 93244, 93245, 93246, 93247, and 93248 • Added G90.01, I23.7, I25.810, I25.82, I25.83, I5A, I63.9, R00.8, R07.1, R10.13, and Z86.74 For CPT Codes 93228, 93229, 93241, 93242, 93243, 93244, 93245, 93246, 93247, and 93248 • Added notation to indicate I20.9, I21.3, I22.9, I24.9, I25.119, I25.709, I25.719, I25.729, I25.739, I25.759, I25.769, I25.799, I25.9, I31.0, I31.1, I34.0, I34.1, I34.2, I34.81, I34.89, I34.9, I42.9, I44.60, I45.10, I45.9, I49.9, I51.7, I51.9, I52, I97.0, I97.110, I97.111, I97.130, I97.131, T46.0X5D, T46.1X5D, T46.2X5D, Z09, Z95.0, Z95.810, Z95.818, and Z95.9 were "deleted Jun. 11, 2023" For CPT Codes 93268, 93270, 93271, and 93272 • Added G90.01, 123.7, I25.10, I25.3, I25.41, I25.5, I25.6, I25.810, I25.811, I25.812, I25.83, I25.84, I25.89, I42.0, I42.1, I42.2, I42.3, I42.4, I42.5, I42.6, I42.7, I42.8, I43, I5A, I63.9, I97.120, I97.121, I97.190, I97.191, R00.8, R07.1, and R10.13 • Added notation to indicate I45.9, I49.9, T46.0X5D, T46.1X5D, T46.2X5D, and Z09 were "deleted Jun. 11, 2023" For CPT Codes 93224, 93225, 93226, and 93227 • Added G90.01, I23.7, I25.810, I25.82, I25.83, I5A, I63.9, R00.0, R00.8, R06.00, R07.1, R10.13, and Z86.74

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Long-Term Wearable Electrocardiographic Monitoring (continued)	Aug. 9, 2023	• Added notation to indicate I20.9, I21.3, I22.9, I24.9, I25.119, I25.709, I25.719, I25.729, I25.739, I25.759, I25.769, I25.799, I25.9, I31.0, I31.1, I34.0, I34.1, I34.2, I34.81, I34.89, I34.9, I42.9, I44.60, I45.10, I45.9, I46.9, I49.9, I51.7, I51.9, I52, I97.0, I97.110, I97.111, I97.130, I97.131, T46.0X5A, T46.0X5D, T46.0X5S, T46.1X5A, T46.1X5D, T46.1X5S, T46.2X5A, T46.2X5D, T46.2X5S, Z09, Z95.0, Z95.810, Z95.818, and Z95.9 were "deleted Jun. 11, 2023" **Supporting Information** • Updated *References* section to reflect the most current information
Molecular Pathology/Genetic Testing Reported with Unlisted Codes	Aug. 9, 2023	**Policy Summary** ***Covered Indications*** For CPT Code 81479 *Prognostic and Predictive Molecular Classifiers for Bladder Cancer* • Revised list of conditions in which molecular diagnostic tests are covered for use in a beneficiary with bladder cancer: o Added: ▪ The laboratory will make available the appropriate indications of the test to the treating/ordering physician ▪ If Next-Generation Sequencing (NGS) methodology is used in testing, the conditions set by National Coverage Determination (NCD) 90.2 are fulfilled – Summarized: The patient has advanced cancer, plans on being treated for said cancer, and has not been previously tested with the same test for the same genetic content ▪ Only 1 test may be performed prior to the initiation of therapy UNLESS a second test that interrogates different genomic content AND meets all the criteria established herein, is reasonable and necessary – The genomic content interrogated by the test must be relevant to the therapy under consideration o Removed: ▪ The lab providing the test is responsible for clearly indicating to treating clinicians the population and indication for test use o Added list of examples of nationally recognized consensus guidelines: ▪ *National Comprehensive Cancer Network (NCCN)* ▪ *American Society of Clinical Oncology (ASCO)* ▪ *Society of Urologic Oncology (SUO)* ▪ *American Urological Association (AUA)* **Applicable Codes** ***Molecular Pathology/Genetic Testing Reported with Unlisted Codes: Diagnosis Codes*** For CPT Code 81479 or 81599 (Solid Organ Allograft Rejection)

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Policy Title	Approval Date	Summary of Changes
Molecular Pathology/Genetic Testing Reported with Unlisted Codes (continued)	Aug. 9, 2023	• Removed T86.39 For CPT Code 81479 (BCR-ABL) • Removed D46.20, D46.4, D46.9, D47.9, D72.829, and D75.9 For CPT Code 81479 (Androgen Receptor Variant AR-V7 Protein Test) • Removed C77.8, C77.9, C78.80, C79.10, C79.60, C79.61, C79.62, C79.70, and C79.9 For CPT Code 81479 (Pharmacogenomics Testing CYP2B6) • Added F32.1, F32.2, F32.3, F32.4, F32.81, F32.9, F33.1, F33.2, F33.3, F33.41, F33.9, F40.01, F40.11, F41.0, F41.1, F43.11, F43.12, and F60.5 For CPT Code 81479 [Targeted and Comprehensive Genomic Profile Next Generation Sequencing (NGS) Testing for Myeloid Malignancies] • Removed D47.9 and D75.9 **Supporting Information** • Updated *References* section to reflect the most current information

Retired

The following Policy Guidelines have been retired effective Aug. 9, 2023:

- Molecular Pathology Procedures for Human Leukocyte Antigen (HLA) Typing
- Prostate Rectal Spacers

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

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.