UnitedHealthcare Medicare Advantage
Policy Guideline Update Bulletin: May 2024

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Policy Guideline Updates

Updated

Policy Title	Approval Date	Summary of Changes
Biomarkers in Cardiovascular Risk Assessment	Apr. 10, 2024	**Applicable Codes** ***Non-Covered Diagnosis Codes*** • Added Z02.84
Blood Product Molecular Antigen Typing	Apr. 10, 2024	**Applicable Codes** ***Non-Covered Diagnosis Codes*** • Added Z02.84
Diagnostic Radiology Services	Apr. 10, 2024	**Applicable Codes** ***Non-Covered Diagnosis Codes*** • Added Z02.84
Genetic Testing for Hereditary Cancer	Apr. 10, 2024	**Applicable Codes** ***Non-Covered Diagnosis Codes*** • Added Z02.84
Molecular Diagnostic Infectious Disease Testing	Apr. 10, 2024	**Applicable Codes** ***Non-Covered Diagnosis Codes*** • Added Z02.84
Molecular Pathology/Genetic Testing Reported with Unlisted Codes	Apr. 10, 2024	**Applicable Codes** ***Non-Covered Diagnosis Codes*** • Added Z02.84
Molecular Pathology/Molecular Diagnostics/Genetic Testing	Apr. 10, 2024	**Applicable Codes** ***Non-Covered Diagnosis Codes*** • Added Z02.84
Pharmacogenomics Testing	Apr. 10, 2024	**Applicable Codes** ***Non-Covered Diagnosis Codes*** • Added Z02.84
Tier 2 Molecular Pathology Procedures	Apr. 10, 2024	**Applicable Codes** ***Non-Covered Diagnosis Codes*** • Added Z02.84

Policy Guideline Updates

Revised

Policy Title	Approval Date	Summary of Changes

Clinical Diagnostic Laboratory Services	Apr. 10, 2024	**Policy Summary**
		 Guidelines
		 Nationally Non-Covered Indications
		 • Removed language indicating:
		    ○ Failure to provide documentation of the medical necessity of tests might result in denial of claims
		    ○ The documentation may include notes documenting relevant signs, symptoms, or abnormal findings that substantiate the medical necessity for ordering the tests; in addition, failure to provide independent verification that the test was ordered by the treating physician (or qualified nonphysician practitioner) through documentation in the physician's office might result in denial
		 • Replaced language indicating:
		    ○ "A claim for a test for which there is a national coverage policy will be denied as not reasonable and necessary if the claim is submitted without an ICD-10-CM code or narrative diagnosis listed as covered in the policy *unless other medical documentation justifying the necessity is submitted with the claim*" with "a claim for a test for which there is a national coverage policy will be denied as not reasonable and necessary if the claim is submitted without an ICD-10-CM code or narrative diagnosis listed as covered in the policy"
		    ○ "If a national coverage policy identifies a frequency expectation, a claim for a test that exceeds that expectation may be denied as not reasonable and necessary *unless it is submitted with documentation justifying increased frequency*" with "if a national coverage policy identifies a frequency expectation, a claim for a test that exceeds that expectation may be denied as not reasonable and necessary"
		
		 Applicable Codes
		 CPT Codes
		 • Added 0472U, 0430U, 0431U, 0432U, 0435U, 82166, 86041, 86042, 86043, and 86366
		 • Added notation to indicate:
		    ○ 0472U, 0430U, 0431U, 0432U, 0435U, 82166, 86041, 86042, 86043, and 86366 are "not covered when submitted with a screening diagnosis"
		    ○ 0354U was "deleted Apr. 1, 2024"
		 • Removed 83278, 84153, 84702, 86300, 86301, 86304, 87086, 87088, 87536, and 87539
		
		 Non-Covered Diagnosis Codes
		 • Added Z02.84
		
		 References
		 CMS National Coverage Determinations (NCDs): Laboratory, CMS Transmittals, and *MLN Matters*
		 • Updated list of applicable reference links to reflect the most current 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 changes to our Medicare Advantage Policy Guidelines. 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.