

# UnitedHealthcare Community Plan Medical Policy Update Bulletin Quick View: February 2025



A list of recently approved, revised, and/or retired Medical Policies and/or Medical Benefit Drug Policies is provided below for your reference. **For a comprehensive summary of the latest updates, refer to the [Medical Policy Update Bulletin: February 2025](#).**

## Take Note

### Relocation of Policy Libraries for Community Plan of Nebraska and New Jersey

Beginning **Mar. 1, 2025**, the Medical Policies and Medical Benefit Drug Policies for Community Plan of Nebraska and New Jersey will be housed in their own state-specific libraries on [UHCprovider.com](#). The policies, along with their corresponding Medical Policy Update Bulletins, will be available for your reference at the following locations:

- **UHCprovider.com** > Health Plans by State > **Nebraska** > Community Plan (Medicaid) > Current Policies and Clinical Guidelines > UnitedHealthcare Community Plan Medical & Drug Policies
- **UHCprovider.com** > Health Plans by State > **New Jersey** > Community Plan (Medicaid) > Current Policies and Clinical Guidelines > UnitedHealthcare Community Plan Medical & Drug Policies

Unless otherwise announced, there will be no change to policy guidelines as a result of this content relocation.

## Medical Policy Updates

Policy Title	Status	Effective Date
Airway Clearance Devices	Revised	Apr. 1, 2025
Airway Clearance Devices (for New Jersey Only)	Revised	Apr. 1, 2025
Bariatric Surgery	Updated	Apr. 1, 2025
Cardiac Event Monitoring	Updated	Feb. 1, 2025
Cardiac Event Monitoring (for New Jersey Only)	Updated	Feb. 1, 2025
Catheter Ablation for Atrial Fibrillation	Updated	Feb. 1, 2025
Catheter Ablation for Atrial Fibrillation (for New Jersey Only)	Updated	Feb. 1, 2025
FDA Cleared or Approved Companion Diagnostic Testing	Revised	Apr. 1, 2025
FDA Cleared or Approved Companion Diagnostic Testing (for Nebraska Only)	Revised	Apr. 1, 2025
FDA Cleared or Approved Companion Diagnostic Testing (for New Jersey Only)	Revised	Apr. 1, 2025
Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing for Infectious Diarrhea	Revised	Apr. 1, 2025
Hysterectomy	Revised	Apr. 1, 2025
Hysterectomy (for New Jersey Only)	Revised	Apr. 1, 2025
Implanted Electrical Stimulator for the Spinal Cord	Updated	Feb. 1, 2025
Implanted Electrical Stimulator for the Spinal Cord (for New Jersey Only)	Updated	Feb. 1, 2025
Lower Extremity Prosthetics	Updated	Feb. 1, 2025
Mechanical Stretching Devices	Updated	Feb. 1, 2025
Mechanical Stretching Devices (for New Jersey Only)	Updated	Feb. 1, 2025

Policy Title	Status	Effective Date
Obstructive and Central Sleep Apnea Treatment	Revised	Apr. 1, 2025
Obstructive and Central Sleep Apnea Treatment (for Nebraska Only)	Revised	Apr. 1, 2025
Obstructive and Central Sleep Apnea Treatment (for New Jersey Only)	Revised	Apr. 1, 2025
Radiation Therapy: Fractionation, Image-Guidance, and Special Services (for New Jersey Only)	Revised	Mar. 1, 2025
Sleep Studies (for Nebraska Only)	New	Apr. 1, 2025
Spinal Fusion and Decompression	Updated	Feb. 1, 2025
Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery (for New Jersey Only)	Revised	Mar. 1, 2025
Surgery of the Foot	Revised	Apr. 1, 2025
Treatment of Temporomandibular Joint Disorders	Revised	Apr. 1, 2025
Treatment of Temporomandibular Joint Disorders (for Nebraska Only)	Revised	Apr. 1, 2025
Treatment of Temporomandibular Joint Disorders (for New Jersey Only)	Revised	Apr. 1, 2025
Vagus and External Trigeminal Nerve Stimulation	Revised	Apr. 1, 2025
Vagus and External Trigeminal Nerve Stimulation (for New Jersey Only)	Revised	Apr. 1, 2025

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Botulinum Toxins A and B	Revised	Mar. 1, 2025
Intravenous Iron Replacement Therapy (Feraheme <sup>®</sup> , Injectafer <sup>®</sup> , & Monoferric <sup>®</sup> )	Revised	Mar. 1, 2025
Simponi Aria <sup>®</sup> (Golimumab) Injection for Intravenous Infusion	Revised	Mar. 1, 2025
Spinraza <sup>®</sup> (Nusinersen)	Revised	Mar. 1, 2025
Tepezza <sup>®</sup> (Teprotumumab-Trbw)	Revised	Mar. 1, 2025
White Blood Cell Colony Stimulating Factors	Revised	Mar. 1, 2025

## General Information

The inclusion of a health service (e.g., test, drug, device, or procedure) in this bulletin indicates only that UnitedHealthcare is adopting 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. 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.

**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 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.

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 Medical Policy Update Bulletin was developed to share important information regarding changes to our Community Plan Medical Policies and Medical Benefit Drug Policies. 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 clinical coverage criteria 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 clinical coverage criteria; however, items such as the clinical evidence, FDA information, and/or list(s) of applicable codes may have been updated

### *Revised*

An existing policy has been reviewed and revisions have been made to the clinical coverage criteria

### *Replaced*

An existing policy has been replaced with a new or different policy

### *Retired*

The health service(s) addressed in the policy are no longer being managed or are considered to be proven/medically necessary and are therefore not excluded as unproven/not medically necessary services, unless coverage guidelines or criteria are otherwise documented in another policy



The complete library of UnitedHealthcare Community Plan Medical Policies and Medical Benefit Drug Policies is available at [UHCprovider.com](https://www.uhcprovider.com) > Policies and Protocols > Community Plan Policies > Medical & Drug Policies.