

UnitedHealthcare Community Plan of Ohio 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](#).**

Medical Policy Updates

Policy Title	Status	Effective Date
Airway Clearance Devices (for Ohio Only)	Revised	Apr. 1, 2025
Bariatric Surgery (for Ohio Only)	Revised	Apr. 1, 2025
Cardiac Event Monitoring (for Ohio Only)	Updated	Mar. 1, 2025
Catheter Ablation for Atrial Fibrillation (for Ohio Only)	Updated	Mar. 1, 2025
Collagen Crosslinks and Biochemical Markers of Bone Turnover (for Ohio Only)	Updated	Mar. 1, 2025
Cosmetic and Reconstructive Procedures (for Ohio Only)	Updated	Mar. 1, 2025
Discogenic Pain Treatment (for Ohio Only)	Updated	Mar. 1, 2025
Electromagnetic Therapy for Wounds (for Ohio Only)	Updated	Mar. 1, 2025
Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome (for Ohio Only)	Updated	Mar. 1, 2025
FDA Cleared or Approved Companion Diagnostic Testing (for Ohio Only)	Revised	Apr. 1, 2025
Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing for Infectious Diarrhea (for Ohio Only)	Revised	Apr. 1, 2025
Hysterectomy (for Ohio Only)	Revised	Apr. 1, 2025
Implanted Electrical Stimulator for the Spinal Cord (for Ohio Only)	Updated	Mar. 1, 2025
Liposuction for Lipedema (for Ohio Only)	Updated	Mar. 1, 2025
Lower Extremity Prosthetics (for Ohio Only)	Updated	Mar. 1, 2025
Minimally Invasive Procedures for Gastric and Esophageal Diseases (for Ohio Only)	Revised	Mar. 1, 2025
Molecular Oncology Testing for Hematologic Cancer Diagnosis, Prognosis, and Treatment Decisions (for Ohio Only)	Updated	Mar. 1, 2025
Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions (for Ohio Only)	Updated	Mar. 1, 2025
Obstructive and Central Sleep Apnea Treatment (for Ohio Only)	Revised	Apr. 1, 2025
Omnibus Codes (for Ohio Only)	Updated	Mar. 1, 2025
Percutaneous Vertebroplasty and Kyphoplasty (for Ohio Only)	Updated	Mar. 1, 2025
Radiation Therapy: Fractionation, Image-Guidance, and Special Services (for Ohio Only)	Revised	Mar. 1, 2025
Spinal Fusion and Decompression (for Ohio Only)	Updated	Mar. 1, 2025
Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery (for Ohio Only)	Revised	Mar. 1, 2025
Surgery of the Foot (for Ohio Only)	Revised	Apr. 1, 2025

Policy Title	Status	Effective Date
Transcatheter Heart Valve Procedures (for Ohio Only)	Updated	Mar. 1, 2025
Treatment of Temporomandibular Joint Disorders (for Ohio Only)	Revised	Apr. 1, 2025
Vagus and External Trigeminal Nerve Stimulation (for Ohio Only)	Revised	Apr. 1, 2025
Vertebral Body Tethering for Scoliosis (for Ohio Only)	Updated	Mar. 1, 2025
Visual Information Processing Evaluation and Orthoptic and Vision Therapy (for Ohio Only)	Revised	Mar. 1, 2025

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Adakveo® (Crizanlizumab-Tmca) (for Ohio Only)	Revised	Mar. 1, 2025
Botulinum Toxins A and B (for Ohio Only)	Updated	Mar. 1, 2025
Complement Inhibitors (PiaSky®, Soliris®, & Ultomiris®) (for Ohio Only)	Updated	Mar. 1, 2025
Denosumab (Prolia® & Xgeva®) (for Ohio Only)	Revised	Mar. 1, 2025
Erythropoiesis-Stimulating Agents (for Ohio Only)	Revised	Mar. 1, 2025
Infliximab (for Ohio Only)	Revised	Mar. 1, 2025
Intravenous Iron Replacement Therapy (Feraheme®, Injectafer®, & Monoferric®) (for Ohio Only)	Updated	Mar. 1, 2025
Nplate® (Romiplostim) (for Ohio Only)	Updated	Mar. 1, 2025
Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors (for Ohio Only)	Updated	Mar. 1, 2025
Provider Administered Drugs – Site of Care (for Ohio Only)	Revised	Mar. 1, 2025
Respiratory Interleukins (Cinqair®, Fasenna®, & Nucala®) (for Ohio Only)	Revised	Mar. 1, 2025
Simponi Aria® (Golimumab) Injection for Intravenous Infusion (for Ohio Only)	Revised	Mar. 1, 2025
Somatostatin Analogs (for Ohio Only)	Updated	Mar. 1, 2025
Spinraza® (Nusinersen) (for Ohio Only)	Updated	Mar. 1, 2025
Xolair® (Omalizumab) (for Ohio Only)	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 of Ohio 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 of Ohio Medical Policies and Medical Benefit Drug Policies is available at UHCprovider.com/OH > Community Plan (Medicaid) > Current Policies and Clinical Guidelines > [Medical & Drug Policies](#).