

# UnitedHealthcare Community Plan of Ohio Medical Policy Update Bulletin: November 2023

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](#).

## Medical Policy Updates

Policy Title	Status	Effective Date
Abnormal Uterine Bleeding and Uterine Fibroids (for Ohio Only)	Revised	Dec. 1, 2023
Autologous Cellular Therapy (for Ohio Only)	Updated	Dec. 1, 2023
Bronchial Thermoplasty (for Ohio Only)	Updated	Dec. 1, 2023
Catheter Ablation for Atrial Fibrillation (for Ohio Only)	Revised	Dec. 1, 2023
Collagen Crosslinks and Biochemical Markers of Bone Turnover (for Ohio Only)	Updated	Dec. 1, 2023
Computer-Assisted Surgical Navigation for Musculoskeletal Procedures (for Ohio Only)	Updated	Dec. 1, 2023
Core Decompression for Avascular Necrosis (for Ohio Only)	Updated	Dec. 1, 2023
Deep Brain and Cortical Stimulation (for Ohio Only)	Revised	Dec. 1, 2023
Diagnostic Dynamic Spinal Visualization and Vertebral Motion Analysis (for Ohio Only)	Updated	Dec. 1, 2023
Elective Inpatient Services (for Ohio Only)	Updated	Dec. 1, 2023
Electric Tumor Treatment Field Therapy (for Ohio Only)	Revised	Dec. 1, 2023
Electrical Stimulation and Electromagnetic Therapy for Wounds (for Ohio Only)	Updated	Dec. 1, 2023
Hepatitis Screening (for Ohio Only)	Updated	Dec. 1, 2023
Implanted Electrical Stimulator for Spinal Cord (for Ohio Only)	Revised	Dec. 1, 2023
Inhaled Nitric Oxide Therapy (for Ohio Only)	Updated	Dec. 1, 2023
Intensity-Modulated Radiation Therapy (for Ohio Only)	Revised	Dec. 1, 2023
Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC) (for Ohio Only)	Updated	Dec. 1, 2023
Lithotripsy for Salivary Stones (for Ohio Only)	Updated	Dec. 1, 2023
Minimally Invasive Procedures for Gastric and Esophageal Diseases (for Ohio Only)	Revised	Dec. 1, 2023
Nerve Graft to Restore Erectile Function During Radical Prostatectomy (for Ohio Only)	Updated	Dec. 1, 2023
Percutaneous Vertebroplasty and Kyphoplasty (for Ohio Only)	New	Dec. 1, 2023
Plagiocephaly and Craniosynostosis Treatment (for Ohio Only)	Revised	Dec. 1, 2023
Private Duty Nursing Services (for Ohio Only)	Updated	Jan. 1, 2024
Prolotherapy and Platelet Rich Plasma Therapies (for Ohio Only)	Updated	Dec. 1, 2023
Sensory Integration Therapy and Auditory Integration Training (for Ohio Only)	Updated	Dec. 1, 2023
Surgery of the Elbow (for Ohio Only)	Updated	Dec. 1, 2023
Surgery of the Hip (for Ohio Only)	Revised	Dec. 1, 2023

Policy Title	Status	Effective Date
Surgery of the Shoulder (for Ohio Only)	Revised	Dec. 1, 2023
Surgical Treatment of Lymphedema (for Ohio Only)	New	Dec. 1, 2023
Total Artificial Heart and Ventricular Assist Devices (for Ohio Only)	Revised	Dec. 1, 2023
Virtual Upper Gastrointestinal Endoscopy (for Ohio Only)	Updated	Dec. 1, 2023
Vision Services Not Routinely Covered (for Ohio Only)	Updated	Dec. 1, 2023

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Adakveo® (Crizanlizumab-Tmca) (for Ohio Only)	Updated	Dec. 1, 2023

## 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 UnitedHealthcare Community Plan of Indiana Medical Policy, Medical Benefit Drug Policy, Coverage Determination Guideline, and Utilization Review 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 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 Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines for UnitedHealthcare Community Plan of Ohio is available at [UHCprovider.com/OH](https://UHCprovider.com/OH) > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [UnitedHealthcare Community Plan of Ohio Medical & Drug Policies and Coverage Determination Guidelines.](#)