United Healthcare Community Plan

UnitedHealthcare Community Plan of Kansas
Medical Policy Update Bulletin *Quick View*: July 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: July 2025.**

Take Note

Quarterly CPT Code Updates

Effective **Jul. 1, 2025**, all applicable Medical Policies have been updated to reflect the quarterly Current Procedural Terminology (CPT®) code additions and deletions. Refer to the American Medical Association: Current Procedural Terminology: CPT® for information on the code updates.

Refer to the Medical Policy Update Bulletin: July 2025 for a list of impacted policies and corresponding details.

Medical Policy Updates

Policy Title	Status	Effective Date
Ambulance Services (for Kansas Only)	Updated	Aug. 1, 2025
Breast Reduction Surgery (for Kansas Only)	Updated	Jul. 1, 2025
Cardiovascular Disease Risk Tests (for Kansas Only)	Revised	Sep. 1, 2025
Chelation Therapy (for Kansas Only)	Revised	Aug. 1, 2025
Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome (for Kansas Only)	Updated	Aug. 1, 2025
Gynecomastia Surgery (for Kansas Only)	Updated	Aug. 1, 2025
Home Health, Skilled, and Custodial Care Services (for Kansas Only)	Updated	Aug. 1, 2025
Left Atrial Appendage Closure (Occlusion) (for Kansas Only)	Revised	Aug. 1, 2025
Manipulative Therapy (for Kansas Only)	Updated	Jul. 1, 2025
Mechanical Stretching Devices (for Kansas Only)	Revised	Aug. 1, 2025
Neuropsychological Testing Under the Medical Benefit (for Kansas Only)	Revised	Aug. 1, 2025
Orthognathic (Jaw) Surgery (for Kansas Only)	Revised	Aug. 1, 2025
Proton Beam Radiation Therapy (for Kansas Only)	Revised	Aug. 1, 2025
Surgery of the Hip (for Kansas Only)	Updated	Aug. 1, 2025
Surgery of the Knee (for Kansas Only)	Updated	Aug. 1, 2025
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins (for Kansas Only)	Revised	Aug. 1, 2025
Transcranial Magnetic Stimulation (for Kansas Only)	Revised	Aug. 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 Kansas 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 Kansas Medical Policies and Medical Benefit Drug Policies is available at **UHCprovider.com/KS** > Community Plan (Medicaid) > Current Policies and Clinical Guidelines > Medical & Drug Policies.