

# UnitedHealthcare Community Plan of Louisiana Medical Policy Update Bulletin Quick View: April 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: April 2025](#).**

## Take Note

### Quarterly CPT/HCPCS Code Updates

Effective **Apr. 1, 2025**, all applicable Medical Policies and Medical Benefit Drug Policies have been updated to reflect the quarterly Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) code additions and deletions. Refer to the following sources for information on the code updates:

- [American Medical Association: Current Procedural Terminology: CPT®](#)
- [Centers for Medicare & Medicaid Services: Healthcare Common Procedure Coding System \(HCPCS\) Quarterly Update](#)

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

## Medical Policy Updates

Policy Title	Status	Effective Date
Airway Clearance Devices (for Louisiana Only)	Updated	Apr. 1, 2025
Athletic Pubalgia Surgery (for Louisiana Only)	Retired	Apr. 1, 2025
Fecal Microbiota Transplantation (for Louisiana Only)	Retired	Apr. 1, 2025
Transanal Minimally Invasive Surgical Procedures (for Louisiana Only)	Retired	Apr. 1, 2025
Transpupillary Thermotherapy (for Louisiana Only)	Retired	Apr. 1, 2025

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Botulinum Toxins A and B (for Louisiana Only)	Revised	May 1, 2025
Intravenous Iron Replacement Therapy (Feraheme®, Injectafer®, & Monoferric®) (for Louisiana Only)	Revised	May 1, 2025
Oncology Medication Clinical Coverage (for Louisiana Only)	Revised	May 1, 2025
Parsabiv® (Etelcalcetide) (for Louisiana Only)	Updated	May 1, 2025
Provider Administered Drugs – Site of Care (for Louisiana Only)	Revised	May 1, 2025
Tepezza® (Teprotumumab-Trbw) (for Louisiana Only)	Revised	May 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 Louisiana 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 Medical Policies and Medical Benefit Drug Policies for UnitedHealthcare Community Plan of Louisiana is available at [UHCprovider.com/LA](https://UHCprovider.com/LA) > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [Medical & Drug Policies](#).