

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

Medical Policy Updates

Policy Title	Status	Effective Date
Ablative Treatment for Spinal Pain (for Ohio Only)	Revised	May 1, 2025
Athletic Pubalgia Surgery (for Ohio Only)	Retired	May 1, 2025
Bariatric Surgery (for Ohio Only)	Revised	May 1, 2025
Computerized Dynamic Posturography (for Ohio Only)	Updated	May 1, 2025
Deep Brain and Cortical Stimulation (for Ohio Only)	Updated	May 1, 2025
Electrical Stimulation for Wounds (for Ohio Only)	Updated	May 1, 2025
Fecal Microbiota Transplantation (for Ohio Only)	Retired	May 1, 2025
Genetic Testing for Hereditary Cancer (for Ohio Only)	Updated	Jun. 1, 2025
Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable (for Ohio Only)	Updated	May 1, 2025
Intensity-Modulated Radiation Therapy (for Ohio Only)	Revised	Jun. 1, 2025
Interspinous Fusion and Decompression Devices (for Ohio Only)	Revised	Jun. 1, 2025
Manipulation Under Anesthesia (for Ohio Only)	Updated	May 1, 2025
Minimally Invasive Spine Surgery Procedures (for Ohio Only)	Updated	May 1, 2025
Neurophysiologic Testing and Monitoring (for Ohio Only)	Updated	May 1, 2025
Percutaneous Patent Foramen Ovale (PFO) Closure (for Ohio Only)	Updated	May 1, 2025
Proton Beam Radiation Therapy (for Ohio Only)	Revised	Jun. 1, 2025
Sacral Nerve Stimulation for Urinary and Fecal Indications (for Ohio Only)	Updated	Jun. 1, 2025
Total Artificial Disc Replacement for the Spine (for Ohio Only)	Updated	Jun. 1, 2025
Transanal Minimally Invasive Surgical Procedures (for Ohio Only)	Retired	May 1, 2025
Transcranial Magnetic Stimulation (for Ohio Only)	Revised	Jun. 1, 2025
Transpupillary Thermotherapy (for Ohio Only)	Retired	May 1, 2025
Upper Extremity Prosthetic Devices (for Ohio Only)	Revised	Jun. 1, 2025

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Immune Globulin (IVIG and SCIG) (for Ohio Only)	Revised	May 1, 2025
Leqvio® (Inclisiran) (for Ohio Only)	Revised	May 1, 2025
Maximum Dosage and Frequency (for Ohio Only)	Revised	May 1, 2025
Oncology Medication Clinical Coverage (for Ohio Only)	Revised	May 1, 2025

Policy Title	Status	Effective Date
Ophthalmologic Vascular Endothelial Growth Factor (VEGF) Inhibitors (for Ohio Only)	Revised	May 1, 2025
Ryplazim® (Plasminogen, Human-Tvmh) (for Ohio Only)	Updated	May 1, 2025
Somatostatin Analogs (for Ohio Only)	Revised	May 1, 2025
Tepezza® (Teprotumumab-Trbw) (for Ohio Only)	Revised	May 1, 2025
White Blood Cell Colony Stimulating Factors (for Ohio 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 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](#).