United Healthcare Medicare Advantage

UnitedHealthcare Medicare Advantage
Medical Policy Update Bulletin *Quick View*: March 2025

A list of recently approved, revised, and/or retired Medical Policies, Coverage Summaries, and/or Policy Guidelines is provided below for your reference. **For a comprehensive summary of the latest updates, refer to the Medical Policy Update Bulletin: March 2025.**

Medical Policy Updates

Policy Title	Status	Effective Date
Ear, Nose, and Throat Procedures	Revised	Apr. 1, 2025
Gastroesophageal and Gastrointestinal (GI) Services and Procedures	Revised	Apr. 1, 2025
Hearing Services and Devices	Revised	Mar. 1, 2025
Medications/Drugs (Outpatient/Part B)	Revised	Mar. 1, 2025
Minimally Invasive Procedures for Gastric and Esophageal Diseases	Replaced	Apr. 1, 2025
Non-Invasive Fractional Flow Reserve (FFR) for Ischemic Heart Disease	Updated	Mar. 1, 2025
Orthopedic Procedures, Devices, and Products	Revised	Apr. 1, 2025
Pharmacogenomics Testing	Revised	Mar. 1, 2025
Radiation and Oncologic Procedures	Revised	Apr. 1, 2025
Radiologic Diagnostic Procedures	Revised	Apr. 1, 2025
Skin Substitutes Grafts/Cellular and Tissue-Based Products (Injections and/or Applications)	Updated	Mar. 1, 2025
Treatment of Temporomandibular Joint (TMJ)	Updated	Mar. 1, 2025
Urinary and Fecal Incontinence: Diagnosis and Treatment	Updated	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 has recently adopted 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 CMS, 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 Medicare Advantage Medical Policies, Coverage Summaries, and Policy Guidelines. 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 coverage guidelines 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 coverage guidelines; however, items such as the definitions or references may have been updated

Revised

An existing policy has been reviewed and revisions have been made to the coverage guidelines

Replaced

An existing policy has been replaced with a new or different policy

Retired

An existing policy has been retired

The complete library of UnitedHealthcare Medicare Advantage Medical Policies, Coverage Summaries, and Policy Guidelines is available at **UHCprovider.com/policies** > For Medicare Advantage Plans > Medical Policies.