

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

Medical Policy Updates

| Policy Title | Status | Effective Date |
|---|---------|----------------|
| Cardiovascular Disease Risk Tests (for Louisiana Only) | Revised | Jul. 1, 2025 |
| Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for Louisiana Only) | Updated | Jul. 1, 2025 |
| Gender Dysphoria Treatment (for Louisiana Only) | Retired | May 23, 2025 |
| Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable (for Louisiana Only) | Updated | Jun. 1, 2025 |
| Implantable Loop Recorders and Wearable Heart Rhythm Monitors (for Louisiana Only) | Revised | Jul. 1, 2025 |
| Lithotripsy for Salivary Stones (for Louisiana Only) | Retired | Jun. 1, 2025 |
| Mechanical Stretching Devices (for Louisiana Only) | Updated | Jun. 1, 2025 |
| Minimally Invasive Spine Surgery Procedures (for Louisiana Only) | Updated | Jun. 1, 2025 |
| Neurophysiologic Testing and Monitoring (for Louisiana Only) | Updated | Jun. 1, 2025 |
| Sacral Nerve Stimulation for Urinary and Fecal Indications (for Louisiana Only) | Updated | Jul. 1, 2025 |
| Skin and Soft Tissue Substitutes (for Louisiana Only) | Revised | Jul. 1, 2025 |
| Transcranial Magnetic Stimulation (for Louisiana Only) | Revised | Jul. 1, 2025 |
| Unicondylar Spacer Devices for Treatment of Pain or Disability (for Louisiana Only) | Retired | Jun. 1, 2025 |
| Upper Extremity Prosthetic Devices (for Louisiana Only) | Revised | Jul. 1, 2025 |
| Whole Exome and Whole Genome Sequencing (Non-Oncology Conditions) (for Louisiana Only) | Revised | Jul. 1, 2025 |

Medical Benefit Drug Policy Updates

| Policy Title | Status | Effective Date |
|---|---------|----------------|
| Edaravone (for Louisiana Only) | Revised | Jul. 1, 2025 |
| Enjaymo® (Sutimlimab-Jome) (for Louisiana Only) | Updated | Jun. 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 > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [Medical & Drug Policies](#).