

UnitedHealthcare Community Plan of Ohio Medical Policy Update Bulletin Quick View: August 2024



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: August 2024](#).**

Medical Policy Updates

Policy Title	Status	Effective Date
Chromosome Microarray Testing (Non-Oncology Conditions) (for Ohio Only)	Revised	Oct. 1, 2024
Continuous Glucose Monitor (for Ohio Only)	Updated	Oct. 1, 2024
Cosmetic and Reconstructive Procedures (for Ohio Only)	Updated	Oct. 1, 2024
Epidural Steroid Injections for Spinal Pain (for Ohio Only)	Updated	Oct. 1, 2024
Gender Dysphoria Treatment (for Ohio Only)	Revised	Sep. 1, 2024
Genetic Testing for Cardiac Disease (for Ohio Only)	Updated	Oct. 1, 2024
Genetic Testing for Hereditary Cancer (for Ohio Only)	Updated	Sep. 1, 2024
Genetic Testing for Neuromuscular Disorders (for Ohio Only)	Updated	Sep. 1, 2024
Glaucoma Surgical Treatments (for Ohio Only)	Revised	Oct. 1, 2024
Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech) (for Ohio Only)	Revised	Oct. 1, 2024
Hepatitis Screening (for Ohio Only)	Retired	Sep. 1, 2024
Insulin Delivery for Managing Diabetes (for Ohio Only)	Revised	Oct. 1, 2024
Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC) (for Ohio Only)	Retired	Sep. 1, 2024
Macular Degeneration Treatment Procedures (for Ohio Only)	Updated	Sep. 1, 2024
Mandatory Medicaid Coverage of Routine Patient Costs in Qualifying Clinical Trials (for Ohio Only)	Updated	Oct. 1, 2024
Molecular Oncology Companion Diagnostic Testing (for Ohio Only)	Updated	Sep. 1, 2024
Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions (for Ohio Only)	Updated	Sep. 1, 2024
Motorized Spinal Traction (for Ohio Only)	Updated	Sep. 1, 2024
Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache) (for Ohio Only)	Revised	Oct. 1, 2024
Omnibus Codes (for Ohio Only)	Updated	Sep. 1, 2024
Prostate Surgeries and Interventions (for Ohio Only)	Updated	Oct. 1, 2024
Surgery of the Knee (for Ohio Only)	Revised	Oct. 1, 2024
Transarterial Radioembolization (TARE)/Selective Internal Radiation Therapy (SIRT) for the Treatment of Malignant Cancers of the Liver (for Ohio Only)	Revised	Oct. 1, 2024
Umbilical Cord Blood Harvesting and Storage for Future Use (for Ohio Only)	Updated	Sep. 1, 2024

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Adzyna (ADAMTS13, Recombinant-Krh) (for Ohio Only)	Updated	Sep. 1, 2024
Alpha1-Proteinase Inhibitors (for Ohio Only)	Retired	Sep. 1, 2024
Buprenorphine (Brixadi™ & Sublocade®) (for Ohio Only)	Retired	Sep. 1, 2024
Intracanalicular and Intravitreal Corticosteroid Implants (for Ohio Only)	Retired	Sep. 1, 2024
Ketalar® (Ketamine) and Spravato® (Esketamine) (for Ohio Only)	Retired	Sep. 1, 2024
Maximum Dosage and Frequency (for Ohio Only)	Revised	Sep. 1, 2024
Off-Label/Unproven/New FDA Indication Specialty Drug Treatment (for Ohio Only)	Updated	Sep. 1, 2024
Provider Administered Drugs – Site of Care (for Ohio Only)	Revised	Sep. 1, 2024
Radicava® (Edaravone) (for Ohio Only)	Revised	Sep. 1, 2024
Rebyota™ (Fecal Microbiota, Live-Jslm) (for Ohio Only)	Retired	Sep. 1, 2024
RNA-Targeted Therapies (Amvuttra® and Onpattro®) (for Ohio Only)	Revised	Sep. 1, 2024
Scenesse® (Afamelanotide) (for Ohio Only)	Retired	Sep. 1, 2024
Subcutaneous Implantable Naltrexone Pellets (for Ohio Only)	Retired	Sep. 1, 2024
Xiaflex® (Collagenase Clostridium Histolyticum) (for Ohio Only)	Retired	Sep. 1, 2024
Zulresso® (Brexanolone) (for Ohio Only)	Retired	Sep. 1, 2024

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 Medical Policies and Medical Benefit Drug Policies for UnitedHealthcare Community Plan of Ohio is available at UHCprovider.com/OH > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [Medical & Drug Policies](#).