

UnitedHealthcare Individual Exchange Medical Policy Update Bulletin *Quick View:* May 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: May 2025](#).**

Take Note

Reminder: Rocky Mountain Health Plans to Use UnitedHealthcare Individual Exchange Medical Policies

Effective **May 1, 2025**, Rocky Mountain Health Plans will utilize the UnitedHealthcare Individual Exchange Medical Policies and corresponding update bulletins at UHCprovider.com/policies > [For Individual Exchange Plans > Medical & Drug Policies](#); we will no longer maintain a separate Medical Policy library for Rocky Mountain Health Plans. Unless otherwise announced, there is no change to policy guidelines as a result of this consolidation.

Medical Policy Updates

| Policy Title | Status | Effective Date |
|---|----------|----------------|
| Cell-Free Fetal DNA Testing | Revised | Jun. 1, 2025 |
| Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements | Updated | May 1, 2025 |
| Enteral Nutrition (Oral and Tube Feeding) | Revised | Jun. 1, 2025 |
| Facet Joint and Medial Branch Block Injections for Spinal Pain | Updated | May 1, 2025 |
| Home Hemodialysis | Updated | May 1, 2025 |
| Hospice Care (for Individual Exchange Only) | Retired | May 1, 2025 |
| Mobility Devices, Options, and Accessories | Replaced | May 1, 2025 |
| Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions | Revised | Jun. 1, 2025 |
| Negative Pressure Wound Therapy | Revised | Jul. 1, 2025 |
| Orthognathic (Jaw) Surgery | Updated | May 1, 2025 |
| Patient Lifts | Retired | May 1, 2025 |
| Pediatric Gait Trainers and Standing Systems | Retired | May 1, 2025 |
| Pneumatic Compression Devices | Revised | Jun. 1, 2025 |
| Prostate Surgeries and Interventions | Revised | Jul. 1, 2025 |
| Proton Beam Radiation Therapy | Revised | Jun. 1, 2025 |
| Respiratory Pathogen Nucleic Acid Detection Testing | New | Jun. 1, 2025 |
| Speech Generating Devices | Replaced | May 1, 2025 |
| Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins | Revised | Jul. 1, 2025 |
| Walkers | Updated | Jun. 1, 2025 |

Medical Benefit Drug Policy Updates

| Policy Title | Status | Effective Date |
|---|---------|----------------|
| Adakveo® (Crizanlizumab-Tmca) | Revised | Jun. 1, 2025 |
| Aduhelm® (Aducanumab-Avwa) | Retired | Jun. 1, 2025 |
| Clotting Factors, Coagulant Blood Products, & Other Hemostatics | New | Jun. 1, 2025 |
| Cosentyx® (Secukinumab) | Updated | May 1, 2025 |
| Edaravone | Revised | Jun. 1, 2025 |
| Ilumya® (Tildrakizumab-Asmn) | Revised | Jun. 1, 2025 |
| Medical Therapies for Enzyme Deficiencies | Revised | Jun. 1, 2025 |
| Orencia® (Abatacept) Injection for Intravenous Infusion | Updated | May 1, 2025 |
| Qalsody® (Tofersen) | Revised | Jun. 1, 2025 |
| Reblozyl® (Luspatercept-Aamt) | Revised | Jun. 1, 2025 |
| RNA-Targeted Therapies (Amvuttra® and Onpattro®) | Revised | Jun. 1, 2025 |
| Spinraza® (Nusinersen) | Revised | Jun. 1, 2025 |
| Uplizna® (Inebilizumab-Cdon) | Updated | May 1, 2025 |
| Veopoz® (Pozelimab-Bbfg) | Revised | 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 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 Individual Exchange Medical Policies and Medical Benefit Drug Policies is available at UHCprovider.com/policies > For Individual Exchange Plans > Medical & Drug Policies.