

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

## Medical Policy Updates

Policy Title	Status	Effective Date
Ambulance Services (for Ohio Only)	Updated	Jun. 1, 2025
Cardiovascular Disease Risk Tests (for Ohio Only)	Revised	Jun. 1, 2025
Chemotherapy Observation or Inpatient Hospitalization (for Ohio Only)	Updated	Jun. 1, 2025
Deep Brain and Cortical Stimulation (for Ohio Only)	Revised	Jun. 1, 2025
Electric Tumor Treatment Field Therapy (for Ohio Only)	Revised	Jun. 1, 2025
Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome (for Ohio Only)	Updated	Jul. 1, 2025
Enteral Nutrition (Oral and Tube Feeding) (for Ohio Only)	Updated	Jul. 1, 2025
Facet Joint and Medial Branch Block Injections for Spinal Pain (for Ohio Only)	Updated	Jun. 1, 2025
FDA Cleared or Approved Companion Diagnostic Testing (for Ohio Only)	Updated	Jun. 1, 2025
Home Hemodialysis (for Ohio Only)	Updated	Jun. 1, 2025
Home Traction Therapy (for Ohio Only)	Updated	Jun. 1, 2025
Implantable Loop Recorders and Wearable Heart Rhythm Monitors (for Ohio Only)	Revised	Jun. 1, 2025
Lower Extremity Prosthetics (for Ohio Only)	Updated	Jun. 1, 2025
Mobility Devices, Options, and Accessories (for Ohio Only)	Replaced	Jun. 1, 2025
Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions (for Ohio Only)	Revised	Jul. 1, 2025
Negative Pressure Wound Therapy (for Ohio Only)	Updated	Jul. 1, 2025
Patient Lifts (for Ohio Only)	Retired	Jun. 1, 2025
Pharmacogenetic Panel Testing (for Ohio Only)	Updated	Jun. 1, 2025
Pneumatic Compression Devices (for Ohio Only)	Revised	Jul. 1, 2025
Preimplantation Genetic Testing and Related Services (for Ohio Only)	Revised	Jun. 1, 2025
Prostate Surgeries and Interventions (for Ohio Only)	Revised	Jul. 1, 2025
Rhinoplasty and Other Nasal Procedures (for Ohio Only)	Updated	Jun. 1, 2025
Speech Generating Devices (for Ohio Only)	Replaced	Jun. 1, 2025
Transarterial Radioembolization (TARE)/Selective Internal Radiation Therapy (SIRT) for the Treatment of Malignant Cancers of the Liver (for Ohio Only)	Revised	Jun. 1, 2025
Transcatheter Procedures for Heart Valve Conditions (for Ohio Only)	Revised	Jul. 1, 2025
Transcranial Magnetic Stimulation (for Ohio Only)	Revised	Jul. 1, 2025
Walkers (for Ohio Only)	Updated	Jul. 1, 2025

Policy Title	Status	Effective Date
Whole Exome and Whole Genome Sequencing (Non-Oncology Conditions) (for Ohio Only)	Updated	Jun. 1, 2025

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Amondys 45® (Casimersen) (for Ohio Only)	Revised	Jun. 1, 2025
Edaravone (for Ohio Only)	Revised	Jun. 1, 2025
Enjaymo® (Sutimlimab-Jome) (for Ohio Only)	Updated	Jun. 1, 2025
Exondys 51® (Eteplirsen) (for Ohio Only)	Revised	Jun. 1, 2025
Givlaari® (Givosiran) (for Ohio Only)	Updated	Jun. 1, 2025
Lemtrada® (Alemtuzumab) (for Ohio Only)	Updated	Jun. 1, 2025
Niktimvo™ (Axatilimab-Csfr) (for Ohio Only)	New	Jun. 1, 2025
Parsabiv® (Etelcalcetide) (for Ohio Only)	Updated	Jun. 1, 2025
Provider Administered Drugs – Site of Care (for Ohio Only)	Revised	Jun. 1, 2025
Repository Corticotropin Injections (for Ohio Only)	Updated	Jun. 1, 2025
Tysabri® (Natalizumab) (for Ohio Only)	Updated	Jun. 1, 2025
Tzield® (Teplizumab-Mzwv) (for Ohio Only)	Updated	Jun. 1, 2025
Viltepso® (Viltolarsen) (for Ohio Only)	Revised	Jun. 1, 2025
Vyondys 53® (Golodirsen) (for Ohio Only)	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 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](https://UHCprovider.com/OH) > Community Plan (Medicaid) > Current Policies and Clinical Guidelines > [Medical & Drug Policies](#).