United Healthcare Community Plan

UnitedHealthcare Community Plan of Idaho
Medical Policy Update Bulletin *Quick View*: July 2025

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

Medical Policy Updates

Policy Title	Status	Effective Date
Airway Clearance Devices (for Idaho Only)	Revised	Aug. 1, 2025
Beds and Mattresses (for Idaho Only)	Revised	Aug. 1, 2025
Carrier Testing Panels for Genetic Diseases (for Idaho Only)	Revised	Aug. 1, 2025
Cell-Free Fetal DNA Testing (for Idaho Only)	Revised	Aug. 1, 2025
Chromosome Microarray Testing (Non-Oncology Conditions) (for Idaho Only)	Revised	Aug. 1, 2025
Cognitive Rehabilitation (for Idaho Only)	Revised	Aug. 1, 2025
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for Idaho Only)	Revised	Aug. 1, 2025
Diagnostic Spinal Ultrasonography (for Idaho Only)	Updated	Aug. 1, 2025
Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for Idaho Only)	Revised	Aug. 1, 2025
Electrical and Ultrasound Bone Growth Stimulators (for Idaho Only)	Revised	Aug. 1, 2025
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for Idaho Only)	Updated	Aug. 1, 2025
Enteral Nutrition (Oral and Tube Feeding) (for Idaho Only)	Revised	Aug. 1, 2025
FDA Cleared or Approved Companion Diagnostic Testing (for Idaho Only)	Revised	Aug. 1, 2025
Genetic Testing for Cardiac Disease (for Idaho Only)	Revised	Aug. 1, 2025
Genetic Testing for Hereditary Cancer (for Idaho Only)	Revised	Aug. 1, 2025
Genetic Testing for Neuromuscular Disorders (for Idaho Only)	Revised	Aug. 1, 2025
Gynecomastia Surgery (for Idaho Only)	Revised	Aug. 1, 2025
Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech) (for Idaho Only)	Revised	Aug. 1, 2025
Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable (for Idaho Only)	Revised	Aug. 1, 2025
Home Hemodialysis (for Idaho Only)	Updated	Aug. 1, 2025
Home Traction Therapy (for Idaho Only)	Revised	Aug. 1, 2025
Light and Laser Therapy (for Idaho Only)	Updated	Aug. 1, 2025
Lower Extremity Prosthetics (for Idaho Only)	Revised	Aug. 1, 2025
Manipulation Under Anesthesia (for Idaho Only)	Updated	Aug. 1, 2025
Manipulative Therapy (for Idaho Only)	Revised	Aug. 1, 2025
Mechanical Stretching Devices (for Idaho Only)	Updated	Aug. 1, 2025
Molecular Oncology Testing for Hematologic Cancer Diagnosis, Prognosis, and Treatment Decisions (for Idaho Only)	Revised	Aug. 1, 2025

Policy Title	Status	Effective Date
Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions (for Idaho Only)	Revised	Aug. 1, 2025
Negative Pressure Wound Therapy (for Idaho Only)	Revised	Aug. 1, 2025
Noncontact Warming Therapy, Ultrasound Therapy, and Fluorescence Imaging for Wounds (for Idaho Only)	Revised	Aug. 1, 2025
Pharmacogenetic Panel Testing (for Idaho Only)	Revised	Aug. 1, 2025
Plagiocephaly and Craniosynostosis Treatment (for Idaho Only)	Revised	Aug. 1, 2025
Pneumatic Compression Devices (for Idaho Only)	Revised	Aug. 1, 2025
Preimplantation Genetic Testing and Related Services (for Idaho Only)	Revised	Aug. 1, 2025
Sinus Surgeries and Interventions (for Idaho Only)	Updated	Aug. 1, 2025
Skin and Soft Tissue Substitutes (for Idaho Only)	Revised	Aug. 1, 2025
Spinal Fusion and Bone Healing Enhancement Products (for Idaho Only)	Updated	Aug. 1, 2025
Spinal Fusion and Decompression (for Idaho Only)	Revised	Aug. 1, 2025
Upper Extremity Prosthetic Devices (for Idaho Only)	Revised	Aug. 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 Idaho Medical 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 Idaho Medical Policies is available at **UHCprovider.com/ID** > Community Plan (Medicaid) > Current Policies and Clinical Guidelines > Medical Policies.