

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](#).