

# UnitedHealthcare Community Plan of Ohio Medical Policy Update Bulletin: October 2023

Access a policy listed below for complete details on the latest updates. A comprehensive summary of changes is provided at the bottom of every policy document for your reference. To view a detailed version of this bulletin, click [here](#).

## Medical Policy Updates

Policy Title	Status	Effective Date
Ambulance Services (for Ohio Only)	Revised	Nov. 1, 2023
Articular Cartilage Defect Repairs (for Ohio Only)	Replaced	Dec. 1, 2023
Balloon Sinus Ostial Dilation (for Ohio Only)	Revised	Nov. 1, 2023
Breast Imaging for Screening and Diagnosing Cancer (for Ohio Only)	Updated	Dec. 1, 2023
Breast Reconstruction (for Ohio Only)	Revised	Dec. 1, 2023
Breast Repair/Reconstruction Not Following Mastectomy (for Ohio Only)	Replaced	Dec. 1, 2023
Brow Ptosis and Eyelid Repair (for Ohio Only)	Revised	Dec. 1, 2023
Cardiovascular Disease Risk Tests (for Ohio Only)	Updated	Nov. 1, 2023
Carrier Testing Panels for Genetic Diseases (for Ohio Only)	Revised	Nov. 1, 2023
Cell-Free Fetal DNA Testing (for Ohio Only)	Revised	Nov. 1, 2023
Chemotherapy Observation or Inpatient Hospitalization (for Ohio Only)	Revised	Nov. 1, 2023
Chromosome Microarray Testing (Non-Oncology Conditions) (for Ohio Only)	Revised	Nov. 1, 2023
Cochlear Implants (for Ohio Only)	Revised	Nov. 1, 2023
Cognitive Rehabilitation (for Ohio Only)	Revised	Dec. 1, 2023
Corneal Hysteresis and Intraocular Pressure Measurement (for Ohio Only)	Updated	Nov. 1, 2023
Cosmetic and Reconstructive Procedures (for Ohio Only)	Revised	Nov. 1, 2023
Cytological Examination of Breast Fluids for Cancer Screening or Diagnosis (for Ohio Only)	Updated	Nov. 1, 2023
Diagnostic Dynamic Spinal Visualization and Vertebral Motion Analysis (for Ohio Only)	New	Nov. 1, 2023
Diagnostic Spinal Ultrasonography (for Ohio Only)	Updated	Nov. 1, 2023
Discogenic Pain Treatment (for Ohio Only)	Revised	Nov. 1, 2023
Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for Ohio Only)	Revised	Dec. 1, 2023
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for Ohio Only)	Updated	Nov. 1, 2023
Epidural Steroid Injections for Spinal Pain (for Ohio Only)	Revised	Nov. 1, 2023
Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions and Soft Tissue Wounds (for Ohio Only)	Updated	Nov. 1, 2023
Facet Joint and Medial Branch Block Injections for Spinal Pain (for Ohio Only)	Revised	Nov. 1, 2023
Functional Endoscopic Sinus Surgery (FESS) (for Ohio Only)	Revised	Nov. 1, 2023
Gender Dysphoria Treatment (for Ohio Only)	Revised	Nov. 1, 2023

<b>Policy Title</b>	<b>Status</b>	<b>Effective Date</b>
Genetic Testing for Cardiac Disease (for Ohio Only)	Revised	Nov. 1, 2023
Genetic Testing for Hereditary Cancer (for Ohio Only)	Revised	Nov. 1, 2023
Genitourinary Pathogen Nucleic Acid Detection Panel Testing (for Ohio Only)	Retired	Nov. 1, 2023
Glaucoma Surgical Treatments (for Ohio Only)	Revised	Nov. 1, 2023
Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech) (for Ohio Only)	Revised	Nov. 1, 2023
Home Health, Skilled, and Custodial Care Services (for Ohio Only)	Revised	Nov. 1, 2023
Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors (for Ohio Only)	Revised	Nov. 1, 2023
Interspinous Fusion and Decompression Devices (for Ohio Only)	Revised	Nov. 1, 2023
Laser Interstitial Thermal Therapy (for Ohio Only)	Updated	Nov. 1, 2023
Left Atrial Appendage Closure (Occlusion) (for Ohio Only)	Revised	Nov. 1, 2023
Liposuction for Lipedema (for Ohio Only)	New	Nov. 1, 2023
Lower Extremity Endovascular Procedures (for Ohio Only)	Revised	Dec. 1, 2023
Macular Degeneration Treatment Procedures (for Ohio Only)	Revised	Nov. 1, 2023
Mandatory Medicaid Coverage of Routine Patient Costs in Qualifying Clinical Trials (for Ohio Only)	Revised	Nov. 1, 2023
Manipulative Therapy (for Ohio Only)	Revised	Nov. 1, 2023
Mechanical Stretching Devices (for Ohio Only)	Revised	Nov. 1, 2023
Meniscus Implant and Allograft (for Ohio Only)	Replaced	Dec. 1, 2023
Minimally Invasive Spine Surgery Procedures (for Ohio Only)	Revised	Nov. 1, 2023
Neuropsychological Testing Under the Medical Benefit (for Ohio Only)	Revised	Nov. 1, 2023
Noncontact Warming Therapy, Ultrasound Therapy, and Fluorescence Imaging for Wounds (for Ohio Only)	Revised	Nov. 1, 2023
Obstructive and Central Sleep Apnea Treatment (for Ohio Only)	Revised	Nov. 1, 2023
Omnibus Codes (for Ohio Only)	Revised	Nov. 1, 2023
Orthognathic (Jaw) Surgery (for Ohio Only)	Revised	Nov. 1, 2023
Outpatient Surgical Procedures – Site of Service (for Ohio Only)	Revised	Nov. 1, 2023
Panniculectomy and Body Contouring Procedures (for Ohio Only)	Revised	Nov. 1, 2023
Pectus Deformity Repair (for Ohio Only)	Revised	Nov. 1, 2023
Private Duty Nursing (PDN) Services (for Ohio Only)	Revised	Nov. 1, 2023
Prostate Surgeries and Interventions (for Ohio Only)	New	Nov. 1, 2023
Rhinoplasty and Other Nasal Procedures (for Ohio Only)	Revised	Nov. 1, 2023
Sleep Studies (for Ohio Only)	Revised	Nov. 1, 2023
Spinal Fusion and Bone Healing Enhancement Products (for Ohio Only)	Revised	Nov. 1, 2023
Spinal Fusion and Decompression (for Ohio Only)	Revised	Nov. 1, 2023
Surgery of the Foot (for Ohio Only)	Revised	Nov. 1, 2023
Surgery of the Hand or Wrist (for Ohio Only)	Revised	Nov. 1, 2023
Surgery of the Knee (for Ohio Only)	Revised	Dec. 1, 2023
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins (for Ohio Only)	Revised	Dec. 1, 2023
Surgical Treatment for Spine Pain (for Ohio Only)	Replaced	Nov. 1, 2023
Thermography (for Ohio Only)	Updated	Nov. 1, 2023
Transpupillary Thermotherapy (for Ohio Only)	Updated	Nov. 1, 2023
Umbilical Cord Blood Harvesting and Storage for Future Use (for Ohio Only)	Updated	Nov. 1, 2023

Policy Title	Status	Effective Date
Whole Exome and Whole Genome Sequencing (for Ohio Only)	Revised	Nov. 1, 2023

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Botulinum Toxins A and B (for Ohio Only)	Revised	Nov. 1, 2023
Evenity® (Romosozumab-Aqqg) (for Ohio Only)	Updated	Nov. 1, 2023
Ketalar® (Ketamine) and Spravato® (Esketamine) (for Ohio Only)	Revised	Nov. 1, 2023
Tzielid® (Teplizumab-Mzww) (for Ohio Only)	New	Nov. 1, 2023

## Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Skilled Care and Custodial Care Services (for Ohio Only)	Replaced	Nov. 1, 2023

## 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 UnitedHealthcare Community Plan of Indiana Medical Policy, Medical Benefit Drug Policy, Coverage Determination Guideline, and Utilization Review Guideline updates. 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, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines for UnitedHealthcare Community Plan of Ohio is available at [UHCprovider.com/OH](https://UHCprovider.com/OH) > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [UnitedHealthcare Community Plan of Ohio Medical & Drug Policies and Coverage Determination Guidelines](#).