UnitedHealthcare Community Plan of Pennsylvania 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
Ablative Treatment for Spinal Pain (for Pennsylvania Only)	Revised	Jun. 1, 2025
Ambulance Services (for Pennsylvania Only)	Updated	Jun. 1, 2025
Deep Brain and Cortical Stimulation (for Pennsylvania Only)	Updated	May 1, 2025
FDA Cleared or Approved Companion Diagnostic Testing (for Pennsylvania Only)	Updated	May 1, 2025
Implantable Loop Recorders and Wearable Heart Rhythm Monitors (for Pennsylvania Only)	Revised	Jun. 1, 2025
Mobility Devices, Options, and Accessories (for Pennsylvania Only)	Replaced	May 1, 2025
Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions (for Pennsylvania Only)	Revised	Jul. 1, 2025
Patient Lifts (for Pennsylvania Only)	Retired	May 1, 2025
Pneumatic Compression Devices (for Pennsylvania Only)	Revised	Jul. 1, 2025
Prostate Surgeries and Interventions (for Pennsylvania Only)	Revised	Jul. 1, 2025
Rhinoplasty and Other Nasal Procedures (for Pennsylvania Only)	Updated	Jun. 1, 2025
Sacral Nerve Stimulation for Urinary and Fecal Indications (for Pennsylvania Only)	Updated	Jun. 1, 2025
Speech Generating Devices (for Pennsylvania Only)	Replaced	May 1, 2025
Whole Exome and Whole Genome Sequencing (Non-Oncology Conditions) (for Pennsylvania Only)	Revised	May 1, 2025

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Amondys 45® (Casimersen) (for Pennsylvania Only)	Revised	Jun. 1, 2025
Edaravone	Revised	Jun. 1, 2025
Elevidys™ (Delandistrogene Moxparvovec-Rokl) (for Pennsylvania Only)	Revised	Jun. 1, 2025
Exondys 51® (Eteplirsen) (for Pennsylvania Only)	Revised	Jun. 1, 2025
Immune Globulin (IVIG and SCIG) (for Pennsylvania Only)	Revised	Jun. 1, 2025
Maximum Dosage and Frequency (for Pennsylvania Only)	Revised	Jun. 1, 2025
Medical Therapies for Enzyme Deficiencies	Revised	Jun. 1, 2025
Qalsody® (Tofersen)	Revised	Jun. 1, 2025
Reblozyl® (Luspatercept-Aamt)	Revised	Jun. 1, 2025
Repository Corticotropin Injection (for Pennsylvania Only)	Updated	Jun. 1, 2025

Policy Title	Status	Effective Date
Uplizna® (Inebilizumab-Cdon)	Updated	May 1, 2025
Veopoz® (Pozelimab-Bbfg)	Revised	Jun. 1, 2025
Viltepso® (Viltolarsen) (for Pennsylvania Only)	Revised	Jun. 1, 2025
Vyondys 53® (Golodirsen) (for Pennsylvania 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 Pennsylvania 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 Pennsylvania Medical Policies and Medical Benefit Drug Policies is available at **UHCprovider.com/PA** > Community Plan (Medicaid) > Current Policies and Clinical Guidelines > Medical & Drug Policies.