

UnitedHealthcare Individual Exchange Medical Policy Update Bulletin Quick View: November 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: November 2024](#).**

Take Note

2025 UnitedHealthcare Individual Exchange Plan Updates

Our Medical Policies and Medical Benefit Drug Policies will apply to the new UnitedHealthcare Individual Exchange plans in **Indiana, Iowa, Nebraska, and Wyoming** on **Jan. 1, 2025**. Some exclusions apply; refer to the [Medical Policy Update Bulletin: November 2024](#) for a list of impacted policies and corresponding details.

For additional details, refer to the UnitedHealthcare news article titled [New 2025 Individual Exchange plans and prior authorization information](#).

Update: Medical Records Documentation Used for Reviews

Effective **Jan. 1, 2025**, the list of *Required Clinical Information/Documentation Requirements* will be removed from applicable Medical Policies and replaced with an instruction to refer to the protocol titled [Medical Records Documentation Used for Reviews](#) for related information. Unless otherwise announced, there will be no change to the requirements as a result of this update. Refer to the [Medical Policy Update Bulletin: November 2024](#) for a list of impacted policies.

Medical Policy Updates

Policy Title	Status	Effective Date
Abnormal Uterine Bleeding and Uterine Fibroids	Updated	Jan. 1, 2025
Apheresis	Updated	Jan. 1, 2025
Bariatric Surgery	Updated	Jan. 1, 2025
Computed Tomographic Colonography	Retired	Nov. 1, 2024
Computer-Assisted Surgical Navigation for Musculoskeletal Procedures	Revised	Jan. 1, 2025
Core Decompression for Avascular Necrosis	Updated	Jan. 1, 2025
Corneal Collagen Cross-Linking	Retired	Nov. 1, 2024
Electrical and Ultrasound Bone Growth Stimulators	Updated	Jan. 1, 2025
Electroretinography	Revised	Jan. 1, 2025
Enteral Nutrition (Oral and Tube Feeding)	Updated	Jan. 1, 2025
Gender Dysphoria Treatment	Updated	Jan. 1, 2025
Inhaled Nitric Oxide Therapy	Updated	Nov. 1, 2024
Intensity-Modulated Radiation Therapy	Updated	Jan. 1, 2025
Lower Extremity Endovascular Procedures	Revised	Jan. 1, 2025
Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service	Updated	Jan. 1, 2025
Minimally Invasive Procedures for Gastric and Esophageal Diseases	Updated	Jan. 1, 2025
Office-Based Procedures - Site of Service	Updated	Jan. 1, 2025
Pharmacogenetic Panel Testing	Revised	Jan. 1, 2025

Policy Title	Status	Effective Date
Plagiocephaly and Craniosynostosis Treatment	Updated	Jan. 1, 2025
Preventive Care Services	Revised	Jan. 1, 2025
Prolotherapy and Platelet Rich Plasma Therapies	Updated	Jan. 1, 2025
Proton Beam Radiation Therapy	Updated	Jan. 1, 2025
Radiation Therapy: Fractionation, Image-Guidance, and Special Services	Updated	Jan. 1, 2025
Sacroiliac Joint Interventions	Revised	Jan. 1, 2025
Screening Colonoscopy Procedures – Site of Service	Updated	Nov. 1, 2024
Screening Colonoscopy Procedures – Site of Service	Updated	Jan. 1, 2025
Skin and Soft Tissue Substitutes	Revised	Jan. 1, 2025
Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery	Updated	Jan. 1, 2025
Surgery for the Prevention and Treatment of Lymphedema	Revised	Jan. 1, 2025
Surgery of the Elbow	Updated	Jan. 1, 2025
Surgery of the Shoulder	Updated	Nov. 1, 2024
Transarterial Radioembolization (TARE)/Selective Internal Radiation Therapy (SIRT) for the Treatment of Malignant Cancers of the Liver	Updated	Jan. 1, 2025
Unicondylar Spacer Devices for Treatment of Pain or Disability	Updated	Jan. 1, 2025
Video Electroencephalographic (vEEG) Monitoring and Recording	Updated	Jan. 1, 2025

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Complement Inhibitors (PiaSky®, Soliris®, & Ultomiris®)	Revised	Dec. 1, 2024
Hereditary Angioedema (HAE), Treatment and Prophylaxis	Revised	Dec. 1, 2024
Ilaris® (Canakinumab)	Revised	Dec. 1, 2024
Preventive Vaccines (Immunizations)	Revised	Dec. 1, 2024
Review at Launch for New to Market Medications	Revised	Dec. 1, 2024
Zolgensma® (Onasemnogene Apeparvovec-Xioi)	Revised	Dec. 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 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 Individual Exchange Medical Policies and Medical Benefit Drug Policies is available at UHCprovider.com/policies > For Individual Exchange Plans > [Medical & Drug Policies](#).