

# UnitedHealthcare Community Plan of Indiana Medical Policy Update Bulletin: April 2024

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](#).

## Take Note

### Quarterly HCPCS Code Updates

Beginning **Apr. 1, 2024**, all applicable Medical Policies and Medical Benefit Drug Policies will be updated to reflect the quarterly Healthcare Common Procedure Coding System (HCPCS) code additions, revisions, and deletions. Refer to the [Centers for Medicare & Medicaid Services: Healthcare Common Procedure Coding System \(HCPCS\) Quarterly Update](#) for information on the code updates.

For the list of impacted policies and corresponding details, click [here](#).

## Medical Policy Updates

Policy Title	Status	Effective Date
Deep Brain and Cortical Stimulation (for Indiana Only)	Revised	Apr. 1, 2024
Drug Testing (for Indiana Only)	Retired	Apr. 1, 2024
Gastrointestinal Motility Disorders, Diagnosis and Treatment (for Indiana Only)	Updated	Apr. 1, 2024
Minimally Invasive Spine Surgery Procedures (for Indiana Only)	Revised	May 1, 2024
Negative Pressure Wound Therapy (for Indiana Only)	Retired	Apr. 1, 2024
Neurophysiologic Testing and Monitoring (for Indiana Only)	Updated	Apr. 1, 2024
Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache) (for Indiana Only)	Updated	Apr. 1, 2024
Spinal Fusion and Bone Healing Enhancement Products (for Indiana Only)	Updated	Apr. 1, 2024
Spinal Fusion and Decompression (for Indiana Only)	Revised	Jun. 1, 2024
Upper Extremity Prosthetic Devices (for Indiana Only)	Revised	Jun. 1, 2024
Vertebral Body Tethering for Scoliosis (for Indiana Only)	Updated	Apr. 1, 2024

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Adzynma (ADAMTS13, Recombinant-KrhN) (for Indiana Only)	New	Apr. 1, 2024
Enjaymo® (Sutimlimab-Jome) (for Indiana Only)	Revised	May 1, 2024
Givlaari® (Givosiran) (for Indiana Only)	Revised	May 1, 2024
Oncology Medication Clinical Coverage (for Indiana Only)	Revised	May 1, 2024
Radicava® (Edaravone) (for Indiana Only)	Revised	May 1, 2024
Spevigo® (Spesolimab-Sbzo) (for Indiana Only)	Retired	May 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 Indiana 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 Indiana is available at [UHCprovider.com/IN](https://UHCprovider.com/IN) > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [UnitedHealthcare Community Plan of Indiana Medical & Drug Policies](#).