

UnitedHealthcare Community Plan of Ohio Medical Policy Update Bulletin Quick View: July 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: July 2024](#).**

Medical Policy Updates

Policy Title	Status	Effective Date
Ambulance Services (for Ohio Only)	Updated	Sep. 1, 2024
Beds and Mattresses (for Ohio Only)	Revised	Sep. 1, 2024
Cell-Free Fetal DNA Testing (for Ohio Only)	Updated	Sep. 1, 2024
Chelation Therapy for Non-Overload Conditions (for Ohio Only)	Updated	Aug. 1, 2024
Fecal Calprotectin Testing (for Ohio Only)	Retired	Aug. 1, 2024
Gastrointestinal Motility Disorders, Diagnosis and Treatment (for Ohio Only)	Updated	Sep. 1, 2024
Gynecomastia Surgery (for Ohio Only)	Updated	Sep. 1, 2024
Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable (for Ohio Only)	Revised	Aug. 1, 2024
Intrauterine Fetal Surgery (for Ohio Only)	Updated	Aug. 1, 2024
Manipulative Therapy (for Ohio Only)	Revised	Sep. 1, 2024
Outpatient Surgical Procedures – Site of Service (for Ohio Only)	Updated	Aug. 1, 2024
Panniculectomy and Body Contouring Procedures (for Ohio Only)	Revised	Sep. 1, 2024
Pectus Deformity Repair (for Ohio Only)	Updated	Aug. 1, 2024
Surgery of the Foot (for Ohio Only)	Revised	Sep. 1, 2024
Surgery of the Hand or Wrist (for Ohio Only)	Updated	Sep. 1, 2024
Vision Services Not Routinely Covered (for Ohio Only)	Updated	Aug. 1, 2024

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Actemra® (Tocilizumab) Injection for Intravenous Infusion (for Ohio Only)	Updated	Aug. 1, 2024
Adzynma (ADAMTS13, Recombinant-KrhN) (for Ohio Only)	Updated	Aug. 1, 2024
Botulinum Toxins A and B (for Ohio Only)	Updated	Aug. 1, 2024
Brineura® (Cerliponase Alfa) (for Ohio Only)	Revised	Aug. 1, 2024
Complement Inhibitors (Soliris® & Ultomiris®) (for Ohio Only)	Revised	Aug. 1, 2024
Crysvita® (Burosumab-Twza) (for Ohio Only)	Updated	Aug. 1, 2024
Entyvio® (Vedolizumab) (for Ohio Only)	Updated	Aug. 1, 2024
Ilumya® (Tildrakizumab-Asmn) (for Ohio Only)	Updated	Aug. 1, 2024
Immune Globulin (IVIG and SCIG) (for Ohio Only)	Updated	Aug. 1, 2024
Intravenous Enzyme Replacement Therapy (ERT) for Gaucher Disease (for Ohio Only)	Updated	Aug. 1, 2024

Policy Title	Status	Effective Date
Ketalar® (Ketamine) and Spravato® (Esketamine) (for Ohio Only)	Updated	Aug. 1, 2024
Korsuva® (Difelikefalin) (for Ohio Only)	Revised	Aug. 1, 2024
Maximum Dosage and Frequency (for Ohio Only)	Revised	Aug. 1, 2024
Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (for Ohio Only)	Revised	Aug. 1, 2024
Nplate® (Romiplostim) (for Ohio Only)	Updated	Aug. 1, 2024
OmvoH™ (Mirikizumab-Mrkz) (for Ohio Only)	Updated	Aug. 1, 2024
Ophthalmologic Complement Inhibitors (for Ohio Only)	Updated	Aug. 1, 2024
Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors (for Ohio Only)	Updated	Aug. 1, 2024
Qalsody® (Tofersen) (for Ohio Only)	Revised	Aug. 1, 2024
Review at Launch for New to Market Medications (for Ohio Only)	Revised	Aug. 1, 2024
Rituximab (Riabni®, Rituxan®, Ruxience®, & Truxima®) (for Ohio Only)	Updated	Aug. 1, 2024
Saphnelo® (Anifrolumab-Fnia) (for Ohio Only)	Revised	Aug. 1, 2024
Scenesse® (Afamelanotide) (for Ohio Only)	Revised	Aug. 1, 2024
Sodium Hyaluronate (for Ohio Only)	Updated	Aug. 1, 2024
Spevigo® (Spesolimab-Sbzo) (for Ohio Only)	Revised	Aug. 1, 2024
Spinraza® (Nusinersen) (for Ohio Only)	Updated	Aug. 1, 2024
Testosterone Replacement or Supplementation Therapy (for Ohio Only)	Revised	Aug. 1, 2024
Uplizna® (Inebilizumab-Cdon) (for Ohio Only)	Revised	Aug. 1, 2024
Veopoz™ (Pozelimab-Bbfg) (for Ohio Only)	Revised	Aug. 1, 2024
Viltepso® (Viltolarsen) (for Ohio Only)	Revised	Aug. 1, 2024
Vyepti® (Eptinezumab-Jjmr) (for Ohio Only)	Updated	Aug. 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](#).