

# UnitedHealthcare Commercial 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

### 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   |
| 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   |
| 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   |
| 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   |
| Sacroiliac Joint Interventions                                                       | Revised | Jan. 1, 2025   |
| Screening Colonoscopy Procedures – Site of Service                                   | Updated | Nov. 1, 2024   |
| Skin and Soft Tissue Substitutes                                                     | Revised | Jan. 1, 2025   |
| Surgery for the Prevention and Treatment of Lymphedema                               | Revised | Jan. 1, 2025   |
| Surgery of the Elbow                                                                 | Updated | Jan. 1, 2025   |

| Policy Title                                                   | Status  | Effective Date |
|----------------------------------------------------------------|---------|----------------|
| Surgery of the Shoulder                                        | Updated | Nov. 1, 2024   |
| 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 Abeparvovec-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 Medical Policies and Medical Benefit Drug Policies is available at [UHCprovider.com/policies](https://UHCprovider.com/policies) > For Commercial Plans > [Medical & Drug Policies](#).