

# UnitedHealthcare Community Plan of Indiana Medical Policy Update Bulletin: February 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](#).

## Medical Policy Updates

Policy Title	Status	Effective Date
Bariatric Surgery (for Indiana Only)	Retired	Feb. 1, 2024
Deep Brain and Cortical Stimulation (for Indiana Only)	Revised	Apr.1, 2024
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for Indiana Only)	Updated	Apr.1, 2024
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable (for Indiana Only)	Updated	Apr. 1, 2024
Interspinous Fusion and Decompression Devices (for Indiana Only)	Revised	Apr. 1, 2024
Light and Laser Therapy (for Indiana Only)	Updated	Apr. 1, 2024
Lower Extremity Prosthetics (for Indiana Only)	Retired	Feb. 1, 2024
Omnibus Codes (for Indiana Only)	Revised	Apr. 1, 2024
Proton Beam Radiation Therapy (for Indiana Only)	Revised	Apr. 1, 2024

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Complement Inhibitors (Soliris® & Ultomiris®) (for Indiana Only)	Revised	Mar. 1, 2024
Neonatal Fc Receptor Blockers (Vyvgart®, Vyvgart® Hytrulo, & Rystiggo®) (for Indiana Only)	Revised	Mar. 1, 2024
Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors (for Indiana Only)	Revised	Mar. 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 UnitedHealthcare Community Plan of Indiana Medical Policy and Medical Benefit Drug Policy updates. 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](#).