

# UnitedHealthcare Community Plan of Tennessee Medical Policy Update Bulletin Quick View: April 2025



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: April 2025](#).**

## Take Note

### Quarterly CPT/HCPCS Code Updates

Effective **Apr. 1, 2025**, all applicable Medical Policies and Medical Benefit Drug Policies have been updated to reflect the quarterly Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) code additions and deletions. Refer to the following sources for information on the code updates:

- [American Medical Association: Current Procedural Terminology: CPT®](#)
- [Centers for Medicare & Medicaid Services: Healthcare Common Procedure Coding System \(HCPCS\) Quarterly Update](#)

Refer to the [Medical Policy Update Bulletin: April 2025](#) for a list of impacted policies and corresponding details.

## Medical Policy Updates

Policy Title	Status	Effective Date
<a href="#">Ablative Treatment for Spinal Pain (for Tennessee Only)</a>	Updated	Apr. 1, 2025
<a href="#">Athletic Pubalgia Surgery (for Tennessee Only)</a>	Retired	Apr. 1, 2025
<a href="#">Deep Brain and Cortical Stimulation (for Tennessee Only)</a>	Updated	Apr. 1, 2025
<a href="#">Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for Tennessee Only)</a>	Updated	Apr. 1, 2025
<a href="#">Fecal Microbiota Transplantation (for Tennessee Only)</a>	Retired	Apr. 1, 2025
<a href="#">Genetic Testing for Hereditary Cancer (for Tennessee Only)</a>	Revised	Jun. 1, 2025
<a href="#">Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable (for Tennessee Only)</a>	Updated	Apr. 1, 2025
<a href="#">Intensity-Modulated Radiation Therapy (for Tennessee Only)</a>	Revised	Jun. 1, 2025
<a href="#">Interspinous Fusion and Decompression Devices (for Tennessee Only)</a>	Revised	Jun. 1, 2025
<a href="#">Minimally Invasive Spine Surgery Procedures (for Tennessee Only)</a>	Updated	May 1, 2025
<a href="#">Neurophysiologic Testing and Monitoring (for Tennessee Only)</a>	Updated	Apr. 1, 2025
<a href="#">Proton Beam Radiation Therapy (for Tennessee Only)</a>	Revised	Jun. 1, 2025
<a href="#">Sacral Nerve Stimulation for Urinary and Fecal Indications (for Tennessee Only)</a>	Updated	Jun. 1, 2025
<a href="#">Skin and Soft Tissue Substitutes (for Tennessee Only)</a>	Revised	May 1, 2025
<a href="#">Total Artificial Disc Replacement for the Spine (for Tennessee Only)</a>	Revised	Jun. 1, 2025
<a href="#">Transanal Minimally Invasive Surgical Procedures (for Tennessee Only)</a>	Retired	Apr. 1, 2025
<a href="#">Transcranial Magnetic Stimulation (for Tennessee Only)</a>	Revised	Jun. 1, 2025
<a href="#">Transpupillary Thermotherapy (for Tennessee Only)</a>	Retired	Apr. 1, 2025
<a href="#">Upper Extremity Prosthetic Devices (for Tennessee Only)</a>	Revised	Jun. 1, 2025

Policy Title	Status	Effective Date
Whole Exome and Whole Genome Sequencing (Non-Oncology Conditions) (for Tennessee Only)	Revised	May 1, 2025

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Amondys 45® (Casimersen)	Revised	May 1, 2025
Elevidys™ (Delandistrogene Moxparvovec-Rokl)	Revised	May 1, 2025
Enjaymo® (Sutimlimab-Jome)	Updated	Apr. 1, 2025
Exondys 51® (Eteplirsen)	Revised	May 1, 2025
Niktimvo™ (Axatilimab-Csfr)	New	May 1, 2025
Omvoh® (Mirikizumab-Mrkz)	Revised	May 1, 2025
Parsabiv® (Etelcalcetide)	Updated	May 1, 2025
Provider Administered Drugs – Site of Care	Revised	May 1, 2025
Repository Corticotropin Injections	Revised	May 1, 2025
Tremfya® (Guselkumab)	Revised	May 1, 2025
Ustekinumab	Revised	May 1, 2025
Viltepso® (Viltolarsen)	Revised	May 1, 2025
Vyondys 53® (Golodirsen)	Revised	May 1, 2025

## 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 Tennessee 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 Community Plan of Tennessee Medical Policies and Medical Benefit Drug Policies is available at [UHCprovider.com/TN](https://UHCprovider.com/TN) > Community Plan (Medicaid) > Current Policies and Clinical Guidelines > [Medical & Drug Policies](#).