United Healthcare

UnitedHealthcare Commercial Medical Policy Update Bulletin *Quick View*: May 2026

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: May 2026.**

Medical Policy Updates

Policy Title	Status	Effective Date
Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions	Updated	May 1, 2026
Pneumatic Compression Devices	Revised	Jun. 1, 2026
Preimplantation Genetic Testing and Related Services	Updated	May 1, 2026
Skin and Soft Tissue Substitutes	Revised	Jun. 1, 2026
Sleep Studies	Revised	Jul. 1, 2026
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Revised	Jul. 1, 2026
Transcatheter Procedures for Heart Valve Conditions	Revised	Jul. 1, 2026

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Adakveo® (Crizanlizumab-Tmca)	Updated	May 1, 2026
Cosentyx® (Secukinumab)	Revised	Jun. 1, 2026
Crysvita® (Burosumab-Twza)	Updated	May 1, 2026
Hemgenix® (Etranacogene Dezaparvovec-Drlb)	Revised	Jun. 1, 2026
Ilumya® (Tildrakizumab-Asmn)	Revised	Jun. 1, 2026
Intravenous Enzyme Replacement Therapy (ERT) for Gaucher Disease	Revised	Jun. 1, 2026
Ketalar® (Ketamine) and Spravato® (Esketamine)	Updated	May 1, 2026
Leqvio® (Inclisiran)	Revised	Jun. 1, 2026
Medical Therapies for Enzyme Deficiencies	Updated	May 1, 2026
Orencia® (Abatacept) Injectionfor Intravenous Infusion	Revised	Jun. 1, 2026
Provider Administered Drugs – Site of Care	Revised	Aug. 1, 2026
Qalsody® (Tofersen)	Updated	May 1, 2026
Ustekinumab	Revised	Jun. 1, 2026
Veopoz® (Pozelimab-Bbfg)	Updated	May 1, 2026

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** > For Commercial Plans > Medical & Drug Policies.