

# UnitedHealthcare Community Plan Medical Policy Update Bulletin Quick View: August 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: August 2025](#).**

## Medical Policy Updates

Policy Title	Status	Effective Date
Core Decompression for Avascular Necrosis	Retired	Aug. 1, 2025
Gastrointestinal Motility Disorders, Diagnosis and Treatment	Revised	Oct. 1, 2025
Gender Dysphoria Treatment	Updated	Aug. 1, 2025
Gynecomastia Surgery (for Florida Only)	Revised	Sep. 1, 2025
Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable	Updated	Aug. 1, 2025
Outpatient Surgical Procedures – Site of Service	Updated	Aug. 1, 2025
Skin and Soft Tissue Substitutes	Revised	Oct. 1, 2025
Surgery of the Foot	Revised	Oct. 1, 2025
Surgery of the Hip	Updated	Aug. 1, 2025
Surgery of the Knee	Updated	Aug. 1, 2025
Umbilical Cord Blood Harvesting and Storage for Future Use	Revised	Oct. 1, 2025

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Botulinum Toxins A and B	Revised	Sep. 1, 2025
Denied Drug Codes – Pharmacy Benefit Drugs (for Arizona Only)	Revised	Sep. 1, 2025
Denosumab	Revised	Sep. 1, 2025
Encelto™ (Revakinagene Taroretsel-Lwey)	New	Sep. 1, 2025
Niktimvo™ (Axatilimab-Csfr)	Updated	Aug. 1, 2025
Nplate® (Romiplostim)	Revised	Sep. 1, 2025
Oncology Medication Clinical Coverage	Updated	Aug. 1, 2025
Ophthalmologic Vascular Endothelial Growth Factor (VEGF) Inhibitors	Updated	Aug. 1, 2025
Ophthalmologic Vascular Endothelial Growth Factor (VEGF) Inhibitors	Revised	Sep. 1, 2025
Oxlumo® (Lumasiran) and Rivfloza® (Nedosiran)	Updated	Aug. 1, 2025
Reblozyl® (Luspatercept-Aamt)	Revised	Sep. 1, 2025
Respiratory Interleukins (Cinqair®, Fasenra®, & Nucala®)	Updated	Aug. 1, 2025
Respiratory Interleukins (Cinqair®, Fasenra®, & Nucala®)	Revised	Sep. 1, 2025
Rituximab (Riabni®, Rituxan®, Ruxience®, & Truxima®)	Updated	Aug. 1, 2025
Rituximab (Riabni®, Rituxan®, Ruxience®, & Truxima®)	Revised	Sep. 1, 2025
RNA-Targeted Therapies (Amvuttra® and Onpattro®)	Updated	Aug. 1, 2025

Policy Title	Status	Effective Date
Skyrizi® (Risankizumab-Rzaa)	Updated	Aug. 1, 2025
Spevigo® (Spesolimab-Sbzo)	Updated	Aug. 1, 2025
Testosterone Replacement or Supplementation Therapy	Updated	Aug. 1, 2025
Uplizna® (Inebilizumab-Cdon)	Revised	Sep. 1, 2025
Vyepti® (Eptinezumab-Jjmr)	Updated	Sep. 1, 2025
White Blood Cell Colony Stimulating Factors	Updated	Aug. 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 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 Medical Policies and Medical Benefit Drug Policies is available at [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Community Plan Policies > Medical & Drug Policies.