

UnitedHealthcare Community Plan Medical Policy Update Bulletin Quick View: October 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: October 2026](#).**

Take Note

Quarterly HCPCS Code Updates

Beginning **Oct. 1, 2026**, all applicable Medical Benefit Drug Policies have been updated to reflect the quarterly HCPCS code additions and deletions. Refer to the [Centers for Medicare & Medicaid Services: Healthcare Common Procedure Coding System \(HCPCS\) Quarterly Update](#) for information on the code updates:

Refer to the [Medical Policy Update Bulletin: October 2026](#) for a list of impacted policies and corresponding details.

Medical Policy Updates

Policy Title	Status	Effective Date
Breast Imaging for Screening and Diagnosing Cancer	Revised	Dec. 1, 2026
Cardiovascular Disease Risk Tests	Revised	Dec. 1, 2026
Epidural Steroid Injections for Spinal Pain	Updated	Nov. 1, 2026
Facet Joint and Medial Branch Block Injections for Spinal Pain	Updated	Nov. 1, 2026
Pharmacogenetic Panel Testing	Updated	Oct. 1, 2026
Surgery of the Hip	Updated	Nov. 1, 2026
Surgery of the Knee	Updated	Nov. 1, 2026
Transarterial Radioembolization (TARE)/Selective Internal Radiation Therapy (SIRT) for the Treatment of Malignant Cancers of the Liver	Revised	Dec. 1, 2026
Treatment of Temporomandibular Joint Disorders	Revised	Dec. 1, 2026
Virtual Upper Gastrointestinal Endoscopy	Retired	Oct. 1, 2026

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Antiemetics for Oncology	Revised	Nov. 1, 2026
Botulinum Toxins A and B	Updated	Nov. 1, 2026
Evenity® (Romosozumab-Aqqg)	Revised	Nov. 1, 2026
Ilumya® (Tildrakizumab-Asmn)	Updated	Oct. 1, 2026
Medical Therapies for Enzyme Deficiencies	Updated	Nov. 1, 2026
Off-Label/Unproven Specialty Drug Treatment	Updated	Nov. 1, 2026
Omvo® (Mirikizumab-Mrkz)	Updated	Oct. 1, 2026
Roctavian® (Valoctocogene Roxaparvovec-Rvox)	Updated	Oct. 1, 2026
Skyrizi® (Risankizumab-Rzaa)	Updated	Oct. 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 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 > Policies and Protocols > Community Plan Policies > Medical & Drug Policies.