

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

## Take Note

### Annual ICD-10 and Quarterly CPT/HCPCS Code Updates

Beginning **Oct. 1, 2025**, all applicable Medical Policies and Medical Benefit Drug Policies will be updated to reflect the annual ICD-10 and quarterly CPT/HCPCS code additions, revisions, 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](#)
- [Centers for Medicare & Medicaid Services: International Classification of Diseases, Tenth Revision \(ICD-10\) Codes](#)

Complete details on impacted policies and corresponding code edits will be provided in the October 2025 edition of the Medical Policy Update Bulletin.

## Medical Policy Updates

| Policy Title   | Status  | Effective Date |
|--|---------|----------------|
| Autologous Cellular Therapy  | Updated | Nov. 1, 2025   |
| Cochlear Implants  | Updated | Sep. 1, 2025   |
| Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes             | Updated | Nov. 1, 2025   |
| Cosmetic and Reconstructive Procedures   | Updated | Nov. 1, 2025   |
| Diagnostic Spinal Ultrasonography  | Retired | Sep. 1, 2025   |
| Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)         | Revised | Nov. 1, 2025   |
| Mandatory Medicaid Coverage of Routine Patient Costs in Qualifying Clinical Trials   | Updated | Sep. 1, 2025   |
| Neuropsychological Testing Under the Medical Benefit                                 | Retired | Sep. 1, 2025   |
| Obstructive and Central Sleep Apnea Treatment  | Revised | Nov. 1, 2025   |
| Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache) | Updated | Sep. 1, 2025   |
| Panniculectomy Surgery   | Revised | Nov. 1, 2025   |
| Skin and Soft Tissue Substitutes   | Revised | Nov. 1, 2025   |
| Surgery of the Shoulder  | Revised | Nov. 1, 2025   |

## Medical Benefit Drug Policy Updates

| Policy Title                 | Status  | Effective Date |
|------------------------------|---------|----------------|
| Benlysta® (Belimumab)        | Updated | Sep. 1, 2025   |
| Brineura® (Cerliponase Alfa) | Updated | Sep. 1, 2025   |

| Policy Title  | Status  | Effective Date |
|---|---------|----------------|
| Complement Inhibitors                                   | Revised | Oct. 1, 2025   |
| Elevidys™ (Delandistrogene Moxparvovec-Rokl)            | Updated | Sep. 1, 2025   |
| Enjaymo® (Sutimlimab-Jome)                              | Updated | Sep. 1, 2025   |
| Evkeeza® (Evinacumab-Dgnb)                              | Updated | Sep. 1, 2025   |
| Factor Mimetics and Rebalancing Agents for Hemophilia   | Revised | Oct. 1, 2025   |
| FcRn Blockers (Rystiggo®, Vyvgart®, & Vyvgart Hytrulo®) | Updated | Sep. 1, 2025   |
| Gamifant® (Emapalumab-Lzsg)                             | Revised | Oct. 1, 2025   |
| Gene Therapies for Hemophilia B                         | Updated | Nov. 1, 2025   |
| Gonadotropin Releasing Hormone Analogs                  | Updated | Sep. 1, 2025   |
| Gonadotropin Releasing Hormone Analogs                  | Revised | Oct. 1, 2025   |
| Luxturna® (Voretigene Neparvovec-Rzyl)                  | Updated | Nov. 1, 2025   |
| Maximum Dosage and Frequency                            | Revised | Oct. 1, 2025   |
| Oncology Medication Clinical Coverage                   | Revised | Oct. 1, 2025   |
| Ophthalmologic Complement Inhibitors                    | Updated | Sep. 1, 2025   |
| Roctavian® (Valoctocogene Roxaparvovec-Rvox)            | Updated | Nov. 1, 2025   |
| Tepezza® (Teprotumumab-Trbw)                            | Updated | Sep. 1, 2025   |
| Testosterone Replacement or Supplementation Therapy     | Revised | Oct. 1, 2025   |
| Tezspire® (Tezepelumab-Ekko)                            | Updated | Sep. 1, 2025   |
| Ustekinumab   | Revised | Nov. 1, 2025   |
| White Blood Cell Colony Stimulating Factors             | Revised | Oct. 1, 2025   |
| Xolair® (Omalizumab)                                    | Revised | Oct. 1, 2025   |
| Zolgensma® (Onasemnogene Abeparvovec-Xioi)              | Updated | Sep. 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.