

UnitedHealthcare Community Plan of Idaho Medical Policy Update Bulletin Quick View: April 2026



A list of recently approved, revised, and/or retired Medical Policies is provided below for your reference. For a comprehensive summary of the latest updates, refer to the [Medical Policy Update Bulletin: April 2026](#).

Medical Policy Updates

Policy Title	Status	Effective Date
Ablative Treatment for Spinal Pain (for Idaho Only)	Updated	May 1, 2026
Abnormal Uterine Bleeding and Uterine Fibroids (for Idaho Only)	Updated	May 1, 2026
Bariatric Surgery (for Idaho Only)	Revised	May 1, 2026
Breast Imaging for Screening and Diagnosing Cancer (for Idaho Only)	Revised	May 1, 2026
Breast Reconstruction (for Idaho Only)	Updated	May 1, 2026
Brow Ptosis and Eyelid Repair (for Idaho Only)	Updated	May 1, 2026
Chemotherapy Observation or Inpatient Hospitalization (for Idaho Only)	Revised	May 1, 2026
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for Idaho Only)	Updated	May 1, 2026
Cosmetic and Reconstructive Procedures (for Idaho Only)	Updated	May 1, 2026
Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for Idaho Only)	Updated	May 1, 2026
Electric Tumor Treatment Field Therapy (for Idaho Only)	Revised	May 1, 2026
Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing for Infectious Diarrhea (for Idaho Only)	Revised	May 1, 2026
Genetic Testing for Cardiac Disease (for Idaho Only)	Revised	May 1, 2026
Genetic Testing for Neurological Disorders (for Idaho Only)	Revised	May 1, 2026
Glaucoma Surgical Treatments (for Idaho Only)	Revised	May 1, 2026
Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable (for Idaho Only)	Updated	May 1, 2026
Home Hemodialysis (for Idaho Only)	Retired	May 1, 2026
Hospital Services: Observation and Inpatient (for Idaho Only)	Revised	May 1, 2026
Hysterectomy (for Idaho Only)	Revised	May 1, 2026
Injectable Dermal Fillers and Bulking Agents (for Idaho Only)	Updated	May 1, 2026
Intensity-Modulated Radiation Therapy (for Idaho Only)	Revised	May 1, 2026
Light and Laser Therapy (for Idaho Only)	Revised	May 1, 2026
Lower Extremity Endovascular Procedures (for Idaho Only)	Revised	May 1, 2026
Mandatory Medicaid Coverage of Routine Patient Costs in Qualifying Clinical Trials (for Idaho Only)	Updated	May 1, 2026
Mechanical Stretching Devices (for Idaho Only)	Updated	May 1, 2026
Minimally Invasive Spine Surgery Procedures (for Idaho Only)	Updated	May 1, 2026
Molecular Oncology Testing for Hematologic Cancer Diagnosis, Prognosis, and Treatment Decisions (for Idaho Only)	Revised	May 1, 2026

Policy Title	Status	Effective Date
Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions (for Idaho Only)	Updated	May 1, 2026
Obstructive and Central Sleep Apnea Treatment (for Idaho Only)	Revised	May 1, 2026
Ocular Photoscreening (for Idaho Only)	Revised	May 1, 2026
Orthognathic (Jaw) Surgery (for Idaho Only)	Updated	May 1, 2026
Outpatient Surgical Procedures – Site of Service (for Idaho Only)	Updated	May 1, 2026
Panniculectomy Surgery (for Idaho Only)	Revised	May 1, 2026
Percutaneous Patent Foramen Ovale (PFO) Closure (for Idaho Only)	Revised	May 1, 2026
Preimplantation Genetic Testing and Related Services (for Idaho Only)	Updated	May 1, 2026
Prostate Surgeries and Interventions (for Idaho Only)	Revised	May 1, 2026
Proton Beam Radiation Therapy (for Idaho Only)	Revised	May 1, 2026
Respiratory Pathogen Nucleic Acid Detection Testing (for Idaho Only)	New	May 1, 2026
Rhinoplasty and Other Nasal Procedures (for Idaho Only)	Updated	May 1, 2026
Sacral Nerve Stimulation for Urinary and Fecal Indications (for Idaho Only)	Updated	May 1, 2026
Spinal Fusion and Bone Healing Enhancement Products (for Idaho Only)	Updated	May 1, 2026
Surgery for the Prevention and Treatment of Lymphedema (for Idaho Only)	Updated	May 1, 2026
Surgery of the Foot (for Idaho Only)	Revised	May 1, 2026
Surgery of the Hand or Wrist (for Idaho Only)	Updated	May 1, 2026
Surgery of the Hip (for Idaho Only)	Revised	May 1, 2026
Surgery of the Knee (for Idaho Only)	Revised	May 1, 2026
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins (for Idaho Only)	Revised	May 1, 2026
Transarterial Radioembolization (TARE)/Selective Internal Radiation Therapy (SIRT) for the Treatment of Malignant Cancers of the Liver (for Idaho Only)	Revised	May 1, 2026
Transcatheter Procedures for Heart Valve Conditions (for Idaho Only)	Revised	May 1, 2026
Treatment of Temporomandibular Joint Disorders (for Idaho Only)	Revised	May 1, 2026
Umbilical Cord Blood Harvesting and Storage for Future Use (for Idaho Only)	Revised	May 1, 2026
Vagus and External Trigeminal Nerve Stimulation (for Idaho Only)	Revised	May 1, 2026
Walkers (for Idaho Only)	Replaced	May 1, 2026
Whole Exome and Whole Genome Sequencing (Non-Oncology Conditions) (for Idaho Only)	Revised	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 Community Plan of Idaho Medical 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 Idaho Medical Policies is available at UHCprovider.com/ID > Community Plan (Medicaid) > Current Policies and Clinical Guidelines > [Medical Policies](#).