

UnitedHealthcare Community Plan of Idaho Medical Policy Update Bulletin Quick View: May 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: May 2026](#).

Medical Policy Updates

Policy Title	Status	Effective Date
Airway Clearance Devices (for Idaho Only)	Updated	Jun. 1, 2026
Apheresis (for Idaho Only)	Revised	Jun. 1, 2026
Autologous Cellular Therapy (for Idaho Only)	Updated	Jun. 1, 2026
Catheter Ablation for Atrial Fibrillation (for Idaho Only)	Updated	Jul. 1, 2026
Chromosome Microarray Testing (Non-Oncology Conditions) (for Idaho Only)	Updated	Jun. 1, 2026
Collagen Crosslinks and Biochemical Markers of Bone Turnover (for Idaho Only)	Updated	Jun. 1, 2026
Computer-Assisted Surgical Navigation for Musculoskeletal Procedures (for Idaho Only)	Updated	Jun. 1, 2026
Deep Brain and Cortical Stimulation (for Idaho Only)	Updated	Jun. 1, 2026
Discogenic Pain Treatment (for Idaho Only)	Updated	Jun. 1, 2026
Elective Inpatient Services (for Idaho Only)	Updated	Jun. 1, 2026
Electrical and Ultrasonic Bone Growth Stimulators (for Idaho Only)	Updated	Jun. 1, 2026
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for Idaho Only)	Revised	Jun. 1, 2026
Electromagnetic Therapy for Wounds (for Idaho Only)	Updated	Jun. 1, 2026
Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome (for Idaho Only)	Updated	Jun. 1, 2026
Enteral Nutrition (Oral and Tube Feeding) (for Idaho Only)	Updated	Jun. 1, 2026
Epiduroscopy, Epidural Lysis of Adhesions, and Discography (for Idaho Only)	Updated	Jun. 1, 2026
FDA Cleared or Approved Companion Diagnostic Testing (for Idaho Only)	Revised	Jun. 1, 2026
Gastrointestinal Disorders Diagnostic Procedures (for Idaho Only)	Revised	Jun. 1, 2026
Genetic Testing for Hereditary Cancer (for Idaho Only)	Revised	Jun. 1, 2026
Glaucoma Surgical Treatments (for Idaho Only)	Updated	Jun. 1, 2026
Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable (for Idaho Only)	Updated	Jun. 1, 2026
Home Health, Skilled, and Custodial Care Services (for Idaho Only)	Updated	Jun. 1, 2026
Intensity-Modulated Radiation Therapy (for Idaho Only)	Revised	Jun. 1, 2026
Liposuction for Lipedema (for Idaho Only)	Updated	Jun. 1, 2026
Lower Extremity Endovascular Procedures (for Idaho Only)	Revised	Jun. 1, 2026
Lower Extremity Prosthetics (for Idaho Only)	Updated	Jun. 1, 2026
Manipulation Under Anesthesia (for Idaho Only)	Updated	Jun. 1, 2026

Policy Title	Status	Effective Date
Minimally Invasive Procedures for the Treatment of Upper Gastrointestinal Diseases (for Idaho Only)	Revised	Jun. 1, 2026
Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions (for Idaho Only)	Updated	Jun. 1, 2026
Neurophysiologic Testing and Monitoring (for Idaho Only)	Updated	Jun. 1, 2026
Obstructive and Central Sleep Apnea Treatment (for Idaho Only)	Revised	Jul. 1, 2026
Omnibus Codes (for Idaho Only)	Revised	Jul. 1, 2026
Orthognathic (Jaw) Surgery (for Idaho Only)	Updated	Jun. 1, 2026
Percutaneous Vertebroplasty and Kyphoplasty (for Idaho Only)	Revised	Jun. 1, 2026
Pharmacogenetic Panel Testing (for Idaho Only)	Updated	Jun. 1, 2026
Plagiocephaly and Craniosynostosis Treatment (for Idaho Only)	Updated	Jun. 1, 2026
Pneumatic Compression Devices (for Idaho Only)	Updated	Jul. 1, 2026
Prolotherapy and Platelet Rich Plasma Therapies (for Idaho Only)	Updated	Jun. 1, 2026
Radiation Therapy: Fractionation, Image-Guidance, and Special Services (for Idaho Only)	Revised	Jun. 1, 2026
Skin and Soft Tissue Substitutes (for Idaho Only)	Updated	Jun. 1, 2026
Sleep Studies (for Idaho Only)	Revised	Jul. 1, 2026
Spinal Fusion and Decompression (for Idaho Only)	Revised	Jun. 1, 2026
Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery (for Idaho Only)	Revised	Jun. 1, 2026
Surgery of the Elbow (for Idaho Only)	Updated	Jun. 1, 2026
Surgery of the Knee (for Idaho Only)	Updated	Jun. 1, 2026
Total Artificial Disc Replacement for the Spine (for Idaho Only)	Revised	Jun. 1, 2026
Transcranial Magnetic Stimulation for Treating Physical Health Conditions (for Idaho Only)	Revised	Jun. 1, 2026
Upper Extremity Prosthetic Devices (for Idaho Only)	Updated	Jun. 1, 2026
Video Electroencephalographic (vEEG) Monitoring and Recording (for Idaho Only)	Revised	Jun. 1, 2026
Whole Exome and Whole Genome Sequencing (Non-Oncology Conditions) (for Idaho Only)	Revised	Jun. 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](#).