

# UnitedHealthcare Community Plan of New Jersey Medical Policy Update Bulletin Quick View: August 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: August 2026](#).**

## Take Note

### Quarterly CPT Code Updates

Effective **Aug. 1, 2026**, all applicable Medical Policies have been updated to reflect the quarterly Current Procedural Terminology (CPT®) code additions, revisions, and deletions. Refer to the [American Medical Association: Current Procedural Terminology: CPT®](#) for information on the code updates.

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

## Medical Policy Updates

| Policy Title                                                                                                                          | Status  | Effective Date |
|---------------------------------------------------------------------------------------------------------------------------------------|---------|----------------|
| <a href="#">Beds and Mattresses (for New Jersey Only)</a>                                                                             | Revised | Sep. 1, 2026   |
| <a href="#">Brow Ptosis and Eyelid Repair (for New Jersey Only)</a>                                                                   | Revised | Oct. 1, 2026   |
| <a href="#">Carrier Testing Panels for Genetic Diseases (for New Jersey Only)</a>                                                     | Updated | Aug. 1, 2026   |
| <a href="#">Chelation Therapy (for New Jersey Only)</a>                                                                               | Updated | Aug. 1, 2026   |
| <a href="#">Cognitive Rehabilitation and Coma Stimulation (for New Jersey Only)</a>                                                   | Updated | Aug. 1, 2026   |
| <a href="#">Cytological Examination of Breast Fluids for Cancer Screening or Diagnosis (for New Jersey Only)</a>                      | Retired | Aug. 1, 2026   |
| <a href="#">Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome (for New Jersey Only)</a>                      | Retired | Aug. 1, 2026   |
| <a href="#">Genetic Testing for Cardiac Disease (for New Jersey Only)</a>                                                             | Revised | Oct. 1, 2026   |
| <a href="#">Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech) (for New Jersey Only)</a>                    | Updated | Aug. 1, 2026   |
| <a href="#">Home Health, Skilled, and Custodial Care Services (for New Jersey Only)</a>                                               | Updated | Sep. 1, 2026   |
| <a href="#">Mandatory Medicaid Coverage of Routine Patient Costs in Qualifying Clinical Trials (for New Jersey Only)</a>              | Updated | Aug. 1, 2026   |
| <a href="#">Manipulative Therapy (for New Jersey Only)</a>                                                                            | Revised | Sep. 1, 2026   |
| <a href="#">Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions (for New Jersey Only)</a> | Revised | Oct. 1, 2026   |
| <a href="#">Panniculectomy Surgery (for New Jersey Only)</a>                                                                          | Updated | Aug. 1, 2026   |
| <a href="#">Private Duty Nursing Services (for New Jersey Only)</a>                                                                   | Updated | Aug. 1, 2026   |
| <a href="#">Sinus Surgeries and Interventions (for New Jersey Only)</a>                                                               | Updated | Aug. 1, 2026   |
| <a href="#">Skin and Soft Tissue Substitutes (for New Jersey Only)</a>                                                                | Revised | Oct. 1, 2026   |
| <a href="#">Surgery of the Elbow (for New Jersey Only)</a>                                                                            | Revised | Sep. 1, 2026   |
| <a href="#">Surgery of the Hip (for New Jersey Only)</a>                                                                              | Revised | Oct. 1, 2026   |
| <a href="#">Surgery of the Shoulder (for New Jersey Only)</a>                                                                         | Revised | Oct. 1, 2026   |

| Policy Title                                                                     | Status  | Effective Date |
|----------------------------------------------------------------------------------|---------|----------------|
| Umbilical Cord Blood Harvesting and Storage for Future Use (for New Jersey Only) | Updated | Aug. 1, 2026   |

## Medical Benefit Drug Policy Updates

| Policy Title                                          | Status  | Effective Date |
|-------------------------------------------------------|---------|----------------|
| Denosumab                                             | Revised | Sep. 1, 2026   |
| Factor Mimetics and Rebalancing Agents for Hemophilia | Revised | Oct. 1, 2026   |
| FcRn Blockers                                         | Revised | Oct. 1, 2026   |
| Medical Therapies for Enzyme Deficiencies             | Revised | Oct. 1, 2026   |
| Oncology Medication Clinical Coverage                 | Revised | Sep. 1, 2026   |
| Respiratory Interleukins                              | Revised | Oct. 1, 2026   |
| Skyrizi® (Risankizumab-Rzaa)                          | Updated | Aug. 1, 2026   |
| Spinraza® (Nusinersen)                                | Revised | Sep. 1, 2026   |
| Tocilizumab                                           | Revised | Sep. 1, 2026   |
| White Blood Cell Colony Stimulating Factors           | Updated | Sep. 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 New Jersey 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 of New Jersey Medical Policies and Medical Benefit Drug Policies is available at [UHCprovider.com/NJ](https://UHCprovider.com/NJ) > Community Plan (Medicaid) > Current Policies and Clinical Guidelines > [Medical & Drug Policies](#).