

UnitedHealthcare Community Plan of Ohio 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](#).**

Medical Policy Updates

Policy Title	Status	Effective Date
Breast Imaging for Screening and Diagnosing Cancer (for Ohio Only)	Updated	Dec. 1, 2026
Bronchial Thermoplasty (for Ohio Only)	Updated	Nov. 1, 2026
Cardiovascular Disease Risk Tests (for Ohio Only)	Revised	Dec. 1, 2026
Cell-Free Fetal DNA Testing (for Ohio Only)	Updated	Nov. 1, 2026
Continuous Glucose Monitor (for Ohio Only)	Updated	Nov. 1, 2026
Diagnostic Dynamic Spinal Visualization and Vertebral Motion Analysis (for Ohio Only)	Updated	Nov. 1, 2026
Electric Tumor Treatment Field Therapy (for Ohio Only)	Updated	Nov. 1, 2026
FDA Cleared or Approved Companion Diagnostic Testing (for Ohio Only)	Updated	Nov. 1, 2026
Genetic Testing for Cardiac Disease (for Ohio Only)	Revised	Nov. 1, 2026
Genetic Testing for Hereditary Cancer (for Ohio Only)	Updated	Nov. 1, 2026
Genetic Testing for Neurological Disorders (for Ohio Only)	Updated	Nov. 1, 2026
Glaucoma Surgical Treatments (for Ohio Only)	Updated	Nov. 1, 2026
Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech) (for Ohio Only)	Revised	Nov. 1, 2026
Inhaled Nitric Oxide Therapy (for Ohio Only)	Updated	Nov. 1, 2026
Injectable Dermal Fillers and Bulking Agents (for Ohio Only)	Updated	Nov. 1, 2026
Insulin Delivery for Managing Diabetes (for Ohio Only)	Updated	Nov. 1, 2026
Mandatory Medicaid Coverage of Routine Patient Costs in Qualifying Clinical Trials (for Ohio Only)	Updated	Nov. 1, 2026
Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions (for Ohio Only)	Revised	Nov. 1, 2026
Obstructive and Central Sleep Apnea Treatment (for Ohio Only)	Revised	Nov. 1, 2026
Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache) (for Ohio Only)	Updated	Nov. 1, 2026
Pharmacogenetic Panel Testing (for Ohio Only)	Updated	Nov. 1, 2026
Private Duty Nursing Services (for Ohio Only)	Updated	Nov. 1, 2026
Spinal Fusion and Decompression (for Ohio Only)	Updated	Nov. 1, 2026
Surgery of the Foot (for Ohio Only)	Revised	Nov. 1, 2026
Transarterial Radioembolization (TARE)/Selective Internal Radiation Therapy (SIRT) for the Treatment of Malignant Cancers of the Liver (for Ohio Only)	Updated	Dec. 1, 2026
Virtual Upper Gastrointestinal Endoscopy (for Ohio Only)	Retired	Nov. 1, 2026

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Lumvoa™ (Veligrotug-Vvze) and Tepezza® (Teprotumumab-Trbw) (for Ohio Only)	Revised	Nov. 1, 2026
Respiratory Interleukins (for Ohio Only)	Revised	Nov. 1, 2026
Sodium Hyaluronate (for Ohio Only)	Updated	Nov. 1, 2026
Xolair® (Omalizumab) (for Ohio Only)	Updated	Nov. 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 Ohio 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 Ohio Medical Policies and Medical Benefit Drug Policies is available at UHCprovider.com/OH > Community plan (Medicaid) > Current policies, clinical and reimbursement guidelines > [Medical and drug policies](#).