UMR
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.**

Medical Policy Updates

Policy Title	Status	Effective Date
Clinical Trials	Revised	Sep. 1, 2026
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	Updated	Aug. 1, 2026
Cytological Examination of Breast Fluids for Cancer Screening or Diagnosis	Retired	Aug. 1, 2026
Epidural Steroid Injections for Spinal Pain	Updated	Sep. 10, 2026
Facet Joint and Medial Branch Block Injections for Spinal Pain	Updated	Sep. 10, 2026
Genetic Testing for Cardiac Disease	Revised	Sep. 1, 2026
Implanted Electrical Stimulator for the Spinal Cord	Updated	Sep. 10, 2026
Implanted Spinal Drug Delivery Systems	Updated	Sep. 10, 2026
Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service	Updated	Sep. 1, 2026
Molecular Oncology Testing for Hematologic Cancer Diagnosis, Prognosis, and Treatment Decisions	Updated	Aug. 1, 2026
Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache)	Updated	Sep. 10, 2026
Private Duty Nursing Services	Updated	Aug. 1, 2026
Sacroiliac Joint Interventions	Updated	Sep. 10, 2026
Surgery of the Foot	Revised	Oct. 1, 2026
Surgery of the Hip	Revised	Sep. 10, 2026
Surgery of the Knee	Updated	Sep. 10, 2026
Surgery of the Shoulder	Revised	Sep. 1, 2026
Sympathetic Blockade	Updated	Sep. 10, 2026

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Antiemetics for Oncology	Replaced	Sep. 1, 2026
Clotting Factors, Coagulant Blood Products, & Other Hemostatics	Revised	Oct. 1, 2026
Denosumab	Revised	Oct. 1, 2026
Encelto® (Revakinagene Taroretcel-Lwey)	Updated	Aug. 1, 2026
FcRn Blockers	Revised	Oct. 1, 2026
Immune Globulin (IVIG and SCIG)	Revised	Oct. 1, 2026
Intravenous Iron Replacement Therapy (Injectafer® & Monoferric®)	Revised	Sep. 1, 2026

Policy Title	Status	Effective Date
Maximum Dosage and Frequency	Revised	Oct. 1, 2026
Medical Therapies for Enzyme Deficiencies	Revised	Oct. 1, 2026
Off-Label/Unproven Specialty Drug Treatment	Updated	Aug. 1, 2026
Oncology Medication Clinical Coverage	Revised	Sep. 1, 2026
Provider Administered Drugs – Site of Care	Updated	Sep. 1, 2026
Reblozyl® (Luspatercept-Aamt)	Updated	Aug. 1, 2026
Respiratory Interleukin-5 Inhibitor	Revised	Oct. 1, 2026
Skyrizi® (Risankizumab-Rzaa)	Updated	Aug. 1, 2026
Sodium Hyaluronate	Updated	Oct. 1, 2026
Spinraza® (Nusinersen)	Revised	Sep. 1, 2026
Susvimo® (Ranibizumab Injection)	Updated	Aug. 1, 2026
Vyepti® (Eptinezumab-Jjmr)	Updated	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. experience. The Medical Policy Update Bulletin was developed to share important information regarding changes to our 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.

UMR is a wholly owned subsidiary of UnitedHealthcare, a part of UnitedHealth Group. UMR is a third-party administrator (TPA) for self-funded plans.

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 UMR Medical Policies and Medical Benefit Drug Policies is available at **UHCprovider.com/policies** > For Commercial Plans > UnitedHealthcare | UMR Medical & Drug Policies.