

# UnitedHealthcare Community Plan of Kansas Medical Policy Update Bulletin Quick View: December 2025



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: December 2025](#).**

## Take Note

### Implementation Delay: Respiratory Pathogen Nucleic Acid Detection Testing (for Kansas Only)

The new Medical Policy titled [Respiratory Pathogen Nucleic Acid Detection Testing \(for Kansas Only\)](#) will not be effective on Jan. 1, 2026, as previously announced; implementation has been postponed until **Feb. 1, 2026**.

### Annual CPT/HCPCS Code Updates

Beginning **Jan. 1, 2026**, all applicable Medical Policies and Medical Benefit Drug Policies will be updated to reflect the 2026 Current Procedural Terminology (CPT<sup>®</sup>) and Healthcare Common Procedure Coding System (HCPCS) code additions, revisions, and deletions. Refer to the following sources for information on the code updates:

- [American Medical Association: Current Procedural Terminology: CPT<sup>®</sup>](#)
- [Centers for Medicare & Medicaid Services: Healthcare Common Procedure Coding System \(HCPCS\) Quarterly Update](#)

Complete details on impacted policies and corresponding code edits will be provided in the January 2026 edition of the Medical Policy Update Bulletin.

## Medical Policy Updates

Policy Title	Status	Effective Date
<a href="#">Apheresis (for Kansas Only)</a>	Updated	Dec. 1, 2025
<a href="#">Computer-Assisted Surgical Navigation for Musculoskeletal Procedures (for Kansas Only)</a>	Revised	Feb. 1, 2026
<a href="#">Electrical and Ultrasonic Bone Growth Stimulators (for Kansas Only)</a>	Updated	Feb. 1, 2026
<a href="#">Implanted Electrical Stimulator for the Spinal Cord (for Kansas Only)</a>	Revised	Feb. 1, 2026
<a href="#">Light and Laser Therapy (for Kansas Only)</a>	Revised	Feb. 1, 2026
<a href="#">Lower Extremity Endovascular Procedures (for Kansas Only)</a>	Updated	Feb. 1, 2026
<a href="#">Mechanical Stretching Devices (for Kansas Only)</a>	Updated	Dec. 1, 2025
<a href="#">Omnibus Codes (for Kansas Only)</a>	Revised	Feb. 1, 2026
<a href="#">Remote Physiologic Monitoring (RPM) (for Kansas Only)</a>	New	Jan. 1, 2026
<a href="#">Sacral Nerve Stimulation for Urinary and Fecal Indications (for Kansas Only)</a>	Updated	Jan. 1, 2026
<a href="#">Sleep Studies (for Kansas Only)</a>	Updated	Feb. 1, 2026
<a href="#">Spinal Fusion and Bone Healing Enhancement Products (for Kansas Only)</a>	Updated	Dec. 1, 2025
<a href="#">Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery (for Kansas Only)</a>	Revised	Feb. 1, 2026
<a href="#">Surgery for the Prevention and Treatment of Lymphedema (for Kansas Only)</a>	Revised	Jan. 1, 2026
<a href="#">Vagus and External Trigeminal Nerve Stimulation (for Kansas Only)</a>	Updated	Dec. 1, 2025

Policy Title	Status	Effective Date
Video Electroencephalographic (vEEG) Monitoring and Recording (for Kansas Only)	Updated	Dec. 1, 2025

## 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 Kansas 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 Kansas Medical Policies and Medical Benefit Drug Policies is available at [UHCprovider.com/KS](https://UHCprovider.com/KS) > Community Plan (Medicaid) > Current Policies and Clinical Guidelines > [Medical & Drug Policies](#).