

UnitedHealthcare Community Plan of Nebraska Medical Policy Update Bulletin Quick View: July 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: July 2026](#).**

Take Note

Quarterly HCPCS Code Updates

Effective **Jul. 1, 2026**, all applicable Medical Benefit Drug Policies have been updated to reflect the quarterly Healthcare Common Procedure Coding System (HCPCS) code additions. Refer to the [Centers for Medicare & Medicaid Services: Healthcare Common Procedure Coding System \(HCPCS\) Quarterly Update](#) for information on the code updates.

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

Medical Policy Updates

Policy Title	Status	Effective Date
Breast Reduction Surgery (for Nebraska Only)	Updated	Jul. 1, 2026
Cell-Free Fetal DNA Testing (for Nebraska Only)	Updated	Jul. 1, 2026
Chromosome Microarray Testing (Non-Oncology Conditions) (for Nebraska Only)	Updated	Jul. 1, 2026
Cosmetic and Reconstructive Procedures (for Nebraska Only)	Updated	Jul. 1, 2026
Epidural Steroid Injections for Spinal Pain (for Nebraska Only)	Updated	Jul. 1, 2026
Gastrointestinal Disorders Diagnostic Procedures (for Nebraska Only)	Updated	Jul. 1, 2026

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Complement Pathway Inhibitors	Revised	Aug. 1, 2026
Intracanalicular and Intravitreal Corticosteroid Implants	Revised	Aug. 1, 2026
Kebildi® (Eladocagene Exuparvovec-Tneq)	Revised	Aug. 1, 2026
Maximum Dosage and Frequency	Revised	Aug. 1, 2026
Natalizumab (Tyruko® & Tysabri®)	Revised	Aug. 1, 2026
Saphnelo® (Anifrolumab-Fnia)	Updated	Jul. 1, 2026
Tzield® (Teplizumab-Mzvw)	Revised	Aug. 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 Nebraska 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 Nebraska Medical Policies and Medical Benefit Drug Policies is available at UHCprovider.com/NE > Community Plan (Medicaid) > Current Policies and Clinical Guidelines > [Medical & Drug Policies](#).