

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

## Medical Policy Updates

Policy Title	Status	Effective Date
Breast Reduction Surgery (for Ohio Only)	Updated	Aug. 1, 2026
Cell-Free Fetal DNA Testing (for Ohio Only)	Updated	Aug. 1, 2026
Chelation Therapy (for Ohio Only)	Updated	Aug. 1, 2026
Chromosome Microarray Testing (Non-Oncology Conditions) (for Ohio Only)	Updated	Aug. 1, 2026
Cognitive Rehabilitation and Coma Stimulation (for Ohio Only)	Updated	Aug. 1, 2026
Cosmetic and Reconstructive Procedures (for Ohio Only)	Revised	Aug. 1, 2026
Electric Tumor Treatment Field Therapy (for Ohio Only)	Revised	Aug. 1, 2026
Epidural Steroid Injections for Spinal Pain (for Ohio Only)	Revised	Aug. 1, 2026
Epiduroscopy, Epidural Lysis of Adhesions, and Discography (for Ohio Only)	Revised	Aug. 1, 2026
Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions and Soft Tissue Indications (for Ohio Only)	Revised	Aug. 1, 2026
Gastrointestinal Disorders Diagnostic Procedures (for Ohio Only)	Updated	Aug. 1, 2026
Home Health, Skilled, and Custodial Care Services (for Ohio Only)	Updated	Aug. 1, 2026
Panniculectomy Surgery (for Ohio Only)	Updated	Aug. 1, 2026
Rhinoplasty and Other Nasal Procedures (for Ohio Only)	Updated	Aug. 1, 2026
Surgery of the Elbow (for Ohio Only)	Revised	Sep. 1, 2026
Surgery of the Wrist or Thumb (for Ohio Only)	Revised	Sep. 1, 2026
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins (for Ohio Only)	Revised	Aug. 1, 2026
Umbilical Cord Blood Harvesting and Storage for Future Use (for Ohio Only)	Updated	Aug. 1, 2026

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Korsuva® (Difelikefalin) (for Ohio Only)	Updated	Aug. 1, 2026
Oxlumo® (Lumasiran) and Rivfloza® (Nedosiran) (for Ohio Only)	Updated	Aug. 1, 2026
Provider Administered Drugs – Site of Care (for Ohio Only)	Revised	Aug. 1, 2026
RNA-Targeted Therapies (Amvuttra® and Onpattro®) (for Ohio Only)	Updated	Aug. 1, 2026
Spevigo® (Spesolimab-Sbzo) (for Ohio Only)	Updated	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 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](https://UHCprovider.com/OH) > Community Plan (Medicaid) > Current Policies and Clinical Guidelines > [Medical & Drug Policies](#).