UnitedHealthcare Community Plan of Tennessee
Medical Policy Update Bulletin *Quick View*: February 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: February 2026.**

Take Note

Annual CDT/CPT Code Updates

Effective **Feb. 1, 2026**, all applicable Medical Policies have been updated to reflect the 2026 Current Dental Terminology (CDT®) and Current Procedural Terminology (CPT®) code additions and revisions. Refer to the following sources for information on the code updates:

- American Dental Association®. Current Dental Terminology: CDT®
- American Medical Association: Current Procedural Terminology: CPT®

Refer to the Medical Policy Update Bulletin: February 2026 for a list of impacted policies and corresponding details.

Medical Policy Updates

Policy Title	Status	Effective Date
Breast Imaging for Screening and Diagnosing Cancer (for Tennessee Only)	Revised	Apr. 1, 2026
Catheter Ablation for Atrial Fibrillation (for Tennessee Only)	Updated	Feb. 1, 2026
Discogenic Pain Treatment (for Tennessee Only)	Updated	Feb. 1, 2026
Elective Inpatient Services (for Tennessee Only)	Updated	Feb. 1, 2026
Gastrointestinal Disorders Diagnostic Procedures (for Tennessee Only)	Revised	Apr. 1, 2026
Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing for Infectious Diarrhea (for Tennessee Only)	Updated	Feb. 1, 2026
Hysterectomy (for Tennessee Only)	Updated	Feb. 1, 2026
Minimally Invasive Procedures for the Treatment of Upper Gastrointestinal Diseases (for Tennessee Only)	Revised	Apr. 1, 2026
Neurophysiologic Testing and Monitoring (for Tennessee Only)	Updated	Apr. 1, 2026
Percutaneous Patent Foramen Ovale (PFO) Closure (for Tennessee Only)	Updated	Feb. 1, 2026
Plagiocephaly and Craniosynostosis Treatment (for Tennessee Only)	Updated	Feb. 1, 2026
Skin and Soft Tissue Substitutes (for Tennessee Only)	Revised	Apr. 1, 2026
Surgery of the Elbow (for Tennessee Only)	Updated	Feb. 1, 2026
Vagus and External Trigeminal Nerve Stimulation (for Tennessee Only)	Revised	Mar. 1, 2026
Visual Information Processing Evaluation and Orthoptic and Vision Therapy (for Tennessee Only)	Revised	Mar. 1, 2026
Whole Exome and Whole Genome Sequencing (Non-Oncology Conditions) (for Tennessee Only)	Revised	Apr. 1, 2026

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Elevidys® (Delandistrogene Moxeparvovec-Rokl)	Revised	Mar. 1, 2026
Intravenous Iron Replacement Therapy (Feraheme®, Injectafer®, & Monoferric®)	Updated	Feb. 1, 2026
Papzimeos™ (Zopapogene Imadenovec-Drba)	New	Mar. 1, 2026
Provider Administered Drugs – Site of Care	Revised	Mar. 1, 2026
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Revised	Mar. 1, 2026
Tocilizumab	Revised	Mar. 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 Tennessee 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 Tennessee Medical Policies and Medical Benefit Drug Policies is available at **UHCprovider.com/TN** > Community Plan (Medicaid) > Current Policies and Clinical Guidelines > Medical & Drug Policies.