United Healthcare Community Plan

UnitedHealthcare Community Plan of Idaho

Medical Policy Update Bulletin *Quick View*: January 2026

A list of recently approved, revised, and/or retired Medical Policies is provided below for your reference. **For a comprehensive summary of the latest updates, refer to the Medical Policy Update Bulletin: January 2026.**

Medical Policy Updates

Policy Title	Status	Effective Date
Autologous Cellular Therapy (for Idaho Only)	Updated	Feb. 1, 2026
Bronchial Thermoplasty (for Idaho Only)	Updated	Feb. 1, 2026
Chelation Therapy for Non-Overload Conditions (for Idaho Only)	Retired	Feb. 1, 2026
Cognitive Rehabilitation and Coma Stimulation (for Idaho Only)	Revised	Feb. 1, 2026
Cytological Examination of Breast Fluids for Cancer Screening or Diagnosis (for Idaho Only)	Updated	Feb. 1, 2026
Diagnostic Dynamic Spinal Visualization and Vertebral Motion Analysis (for Idaho Only)	Updated	Feb. 1, 2026
Electrical Stimulation for Wounds (for Idaho Only)	Retired	Feb. 1, 2026
Epidural Steroid Injections for Spinal Pain (for Idaho Only)	Retired	Feb. 1, 2026
Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions and Soft Tissue Indications (for Idaho Only)	Updated	Feb. 1, 2026
Facet Joint and Medial Branch Block Injections for Spinal Pain (for Idaho Only)	Updated	Feb. 1, 2026
Implanted Electrical Stimulator for the Spinal Cord (for Idaho Only)	Revised	Feb. 1, 2026
Interspinous Fusion and Decompression Devices (for Idaho Only)	Revised	Feb. 1, 2026
Nerve Graft to Restore Erectile Function During Radical Prostatectomy (for Idaho Only)	Updated	Feb. 1, 2026
Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache) (for Idaho Only)	Updated	Feb. 1, 2026
Skin and Soft Tissue Substitutes (for Idaho Only)	Updated	Feb. 1, 2026
Surgery of the Shoulder (for Idaho Only)	Revised	Feb. 1, 2026
Virtual Upper Gastrointestinal Endoscopy (for Idaho Only)	Updated	Feb. 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 Idaho Medical 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 Idaho Medical Policies is available at **UHCprovider.com/ID** > Community Plan (Medicaid) > Current Policies and Clinical Guidelines > Medical Policies.