

# UnitedHealthcare Community Plan of Idaho Medical Policy Update Bulletin: March 2026

## Take Note

### Medical Records Documentation Used for Reviews

Effective **Apr. 1, 2026**, the *Medical Records Documentation Used for Reviews* section of the following Medical Policies has been reformatted with no change to guidelines:

- Abnormal Uterine Bleeding and Uterine Fibroids (for Idaho Only)
- Apheresis (for Idaho Only)
- Bariatric Surgery (for Idaho Only)
- Beds and Mattresses (for Idaho Only)
- Breast Reconstruction (for Idaho Only)
- Breast Reduction Surgery (for Idaho Only)
- Catheter Ablation for Atrial Fibrillation (for Idaho Only)
- Chromosome Microarray Testing (Non-Oncology Conditions) (for Idaho Only)
- Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for Idaho Only)
- Cosmetic and Reconstructive Procedures (for Idaho Only)
- Deep Brain and Cortical Stimulation (for Idaho Only)
- Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for Idaho Only)
- Genetic Testing for Cardiac Disease (for Idaho Only)
- Gynecomastia Surgery (for Idaho Only)
- Injectable Dermal Fillers and Bulking Agents (for Idaho Only)
- Liposuction for Lipedema (for Idaho Only)
- Lower Extremity Prosthetics (for Idaho Only)
- Mechanical Stretching Devices (for Idaho Only)
- Molecular Oncology Testing for Hematologic Cancer Diagnosis, Prognosis, and Treatment Decisions (for Idaho Only)
- Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions (for Idaho Only)
- Negative Pressure Wound Therapy (for Idaho Only)
- Obstructive and Central Sleep Apnea Treatment (for Idaho Only)
- Panniculectomy and Body Contouring Procedures (for Idaho Only)
- Percutaneous Vertebroplasty and Kyphoplasty (for Idaho Only)
- Pneumatic Compression Devices (for Idaho Only)
- Radiation Therapy: Fractionation, Image-Guidance, and Special Services (for Idaho Only)
- Sinus Surgeries and Interventions (for Idaho Only)
- Sleep Studies (for Idaho Only)
- Spinal Fusion and Bone Healing Enhancement Products (for Idaho Only)
- Spinal Fusion and Decompression (for Idaho Only)
- Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery (for Idaho Only)
- Surgery of the Elbow (for Idaho Only)
- Upper Extremity Prosthetic Devices (for Idaho Only)
- Video Electroencephalographic (vEEG) Monitoring and Recording (for Idaho Only)

## 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](https://UHCprovider.com/ID) > Community Plan (Medicaid) > Current Policies and Clinical Guidelines > [Medical Policies](#).