UnitedHealthcare Community Plan of Nebraska
Medical Policy Update Bulletin *Quick View*: July 2025

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 2025.**

Take Note

Quarterly HCPCS Code Updates

Effective **Jul. 1, 2025**, all applicable Medical Benefit Drug Policies have been updated to reflect the quarterly Healthcare Common Procedure Coding System (HCPCS) code additions, revisions, and deletions. 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 2025 for a list of impacted policies and corresponding details.

Medical Policy Updates

Policy Title	Status	Effective Date
Cardiovascular Disease Risk Tests	Revised	Sep. 1, 2025
Carrier Testing Panels for Genetic Diseases (for Nebraska Only)	Updated	Jul. 1, 2025
Intrauterine Fetal Surgery (for Nebraska Only)	Retired	Jul. 1, 2025
Macular Degeneration Treatment Procedures	Retired	Jul. 1, 2025
Manipulative Therapy (for Nebraska Only)	Updated	Jul. 1, 2025
Pectus Deformity Repair	Retired	Jul. 1, 2025
Prostate Surgeries and Interventions	Revised	Jul. 1, 2025

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Factor Mimetics and Rebalancing Agents for Hemophilia	Revised	Aug. 1, 2025
FcRn Blockers (Rystiggo®, Vyvgart®, & Vyvgart Hytrulo®)	Revised	Aug. 1, 2025
Immune Globulin (IVIG and SCIG)	Revised	Aug. 1, 2025
Intracanalicular and Intravitreal Corticosteroid Implants	Revised	Aug. 1, 2025
Kebilidi™ (Eladocagene Exuparvovec-Tneq)	New	Aug. 1, 2025
Off-Label/Unproven Specialty Drug Treatment	Updated	Aug. 1, 2025

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.