UnitedHealthcare Community Plan of Nebraska
Medical Policy Update Bulletin *Quick View*: June 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: June 2026.**

Medical Policy Updates

Policy Title	Status	Effective Date
Ambulance Services (for Nebraska Only)	Updated	Aug. 1, 2026
Bariatric Surgery (for Nebraska Only)	Revised	Aug. 1, 2026
Beds and Mattresses (for Nebraska Only)	Updated	Aug. 1, 2026
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for Nebraska Only)	Revised	Aug. 1, 2026
Facet Joint and Medial Branch Block Injections for Spinal Pain (for Nebraska Only)	Updated	Jun. 1, 2026
Genetic Testing for Cardiac Disease (for Nebraska Only)	Updated	Jun. 1, 2026
Gynecomastia Surgery (for Nebraska Only)	Updated	Jun. 1, 2026
Manipulative Therapy (for Nebraska Only)	Updated	Jun. 1, 2026
Minimally Invasive Procedures for the Treatment of Upper Gastrointestinal Diseases (for Nebraska Only)	Revised	Aug. 1, 2026
Obstructive and Central Sleep Apnea Treatment (for Nebraska Only)	Revised	Aug. 1, 2026
Omnibus Codes (for Nebraska Only)	Revised	Aug. 1, 2026
Orthognathic (Jaw) Surgery (for Nebraska Only)	Updated	Jun. 1, 2026
Pneumatic Compression Devices (for Nebraska Only)	Revised	Aug. 1, 2026
Preimplantation Genetic Testing and Related Services (for Nebraska Only)	Updated	Aug. 1, 2026
Skin and Soft Tissue Substitutes (for Nebraska Only)	Revised	Aug. 1, 2026
Sleep Studies (for Nebraska Only)	Revised	Aug. 1, 2026
Surgery of the Knee (for Nebraska Only)	Updated	Jun. 1, 2026
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins (for Nebraska Only)	Revised	Aug. 1, 2026
Transcatheter Procedures for Heart Valve Conditions (for Nebraska Only)	Revised	Aug. 1, 2026

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Entyvio® (Vedolizumab)	Revised	Aug. 1, 2026
Immune Globulin (IVIG and SCIG)	Revised	Jul. 1, 2026
Itvisma® (Onasemnogene Abeparvovec-Brve)	New	Jun. 1, 2026
Korsuva® (Difelikefalin)	Updated	Jul. 1, 2026
Provider Administered Drugs – Site of Care	Revised	Jul. 1, 2026
Tocilizumab	Revised	Jul. 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 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.