

# UnitedHealthcare Community Plan of Ohio 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 Ohio Only)	Updated	Jul. 1, 2026
Beds and Mattresses (for Ohio Only)	Updated	Aug. 1, 2026
Cochlear Implants (for Ohio Only)	Updated	Jul. 1, 2026
Genetic Testing for Cardiac Disease (for Ohio Only)	Updated	Jul. 1, 2026
Gynecomastia Surgery (for Ohio Only)	Updated	Jul. 1, 2026
Implantable Loop Recorders and Wearable Heart Rhythm Monitors (for Ohio Only)	Revised	Jul. 1, 2026
Manipulative Therapy (for Ohio Only)	Updated	Jul. 1, 2026
Minimally Invasive Procedures for the Treatment of Upper Gastrointestinal Diseases (for Ohio Only)	Revised	Aug. 1, 2026
Negative Pressure Wound Therapy (for Ohio Only)	Revised	Jul. 1, 2026
Ocular Photoscreening (for Ohio Only)	Updated	Jul. 1, 2026
Orthognathic (Jaw) Surgery (for Ohio Only)	Updated	Jul. 1, 2026
Preimplantation Genetic Testing and Related Services (for Ohio Only)	Revised	Jul. 1, 2026
Surgery of the Knee (for Ohio Only)	Updated	Jul. 1, 2026
Transcatheter Procedures for Heart Valve Conditions (for Ohio Only)	Revised	Aug. 1, 2026
Treatment of Temporomandibular Joint Disorders (for Ohio Only)	Revised	Jul. 1, 2026
Vision Services Not Routinely Covered (for Ohio Only)	Updated	Jul. 1, 2026
Whole Exome and Whole Genome Sequencing (Non-Oncology Conditions) (for Ohio Only)	Updated	Jul. 1, 2026

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Adakveo® (Crizanlizumab-Tmca) (for Ohio Only)	Updated	Jul. 1, 2026
Crysvita® (Burosumab-Twza) (for Ohio Only)	Updated	Jul. 1, 2026
Edaravone (for Ohio Only)	Updated	Jul. 1, 2026
Intravenous Enzyme Replacement Therapy (ERT) for Gaucher Disease (for Ohio Only)	Updated	Jul. 1, 2026
Lemtrada® (Alemtuzumab) (for Ohio Only)	Revised	Jul. 1, 2026
Leqvio® (Inclisiran) (for Ohio Only)	Revised	Jul. 1, 2026
Qalsody® (Tofersen) (for Ohio Only)	Updated	Jul. 1, 2026
Repository Corticotropin Injections (for Ohio Only)	Revised	Jul. 1, 2026

<b>Policy Title</b>	<b>Status</b>	<b>Effective Date</b>
Somatostatin Analogs (for Ohio Only)	Revised	Jul. 1, 2026
Veopoz® (Pozelimab-Bbfg) (for Ohio Only)	Updated	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 Ohio 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 Ohio Medical Policies and Medical Benefit Drug Policies is available at [UHCprovider.com/OH](https://UHCprovider.com/OH) > Community Plan (Medicaid) > Current Policies and Clinical Guidelines > [Medical & Drug Policies](#).