

# UnitedHealthcare Commercial 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	Updated	Jun. 1, 2026
Beds and Mattresses	Revised	Jul. 1, 2026
Category III Codes	Updated	Jul. 1, 2026
Chromosome Microarray Testing (Non-Oncology Conditions)	Updated	Jun. 1, 2026
Cosmetic and Reconstructive Procedures	Updated	Jun. 1, 2026
Epidural Steroid Injections for Spinal Pain	Updated	Jun. 1, 2026
Gastrointestinal Disorders Diagnostic Procedures	Updated	Jun. 1, 2026
Infertility Diagnosis, Treatment, and Fertility Preservation	Updated	Jun. 1, 2026
Manipulative Therapy	Updated	Jun. 1, 2026
Minimally Invasive Procedures for the Treatment of Upper Gastrointestinal Diseases	Revised	Aug. 1, 2026
Preventive Care Services	Revised	Jul. 1, 2026
Surgery of the Knee	Updated	Jun. 1, 2026

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Entyvio® (Vedolizumab)	Revised	Aug. 1, 2026
Korsuva® (Difelikefalin)	Updated	Jul. 1, 2026
Maximum Dosage and Frequency	Revised	Aug. 1, 2026
Natalizumab (Tyruko® & Tysabri®)	Revised	Jul. 1, 2026
Oxlumo® (Lumasiran) and Rivfloza® (Nedosiran)	Updated	Jun. 1, 2026
Provider Administered Drugs – Site of Care	Revised	Jul. 1, 2026
RNA-Targeted Therapies (Amvuttra® and Onpattro®)	Updated	Jun. 1, 2026
Sodium Hyaluronate	Revised	Jul. 1, 2026
Spevigo® (Spesolimab-Sbzo)	Updated	Jun. 1, 2026
Tocilizumab Injection for Intravenous Infusion	Revised	Jul. 1, 2026
Trogarzo® (Ibalizumab-Uiyk)	Updated	Jun. 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 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 Medical Policies and Medical Benefit Drug Policies is available at [UHCprovider.com/policies](https://UHCprovider.com/policies) > For Commercial Plans > [Medical & Drug Policies](#).