Surest
Medical Policy Update Bulletin *Quick View*: November 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: November 2026.**

Medical Policy Updates

Policy Title	Status	Effective Date
Bariatric Surgery	Updated	Dec. 1, 2026
Category III Codes	Updated	Jan. 1, 2027
Implanted Electrical Stimulator for the Spinal Cord	Revised	Jan. 1, 2027
Implanted Spinal Drug Delivery Systems	Revised	Dec. 1, 2026
Mechanical Stretching Devices	Updated	Dec. 1, 2026
Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache)	Revised	Dec. 1, 2026
Omnibus Codes	Revised	Jan. 1, 2027
Percutaneous Neuroablation for Pancreatic Cancer Pain, Severe Cancer Pain, and Trigeminal Neuralgia	Updated	Dec. 1, 2026
Sacroiliac Joint Interventions	Updated	Nov. 1, 2026
Spinal Fusion and Decompression	Updated	Dec. 1, 2026
Spinal Fusion and Related Bone Healing Enhancement Products	Revised	Jan. 1, 2027
Surgery for the Prevention and Treatment of Lymphedema	Updated	Nov. 1, 2026
Surgery for the Prevention and Treatment of Lymphedema	Revised	Dec. 1, 2026
Surgery of the Elbow	Retired	Nov. 1, 2026
Surgery of the Hip	Revised	Dec. 1, 2026
Vagus and External Trigeminal Nerve Stimulation	Updated	Jan. 1, 2027
Video Electroencephalographic (vEEG) Monitoring and Recording	Retired	Nov. 1, 2026
Whole Exome and Whole Genome Sequencing (Non-Oncology Conditions)	Revised	Jan. 1, 2027

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Alpha1-Proteinase Inhibitors	Updated	Nov. 1, 2026
Brineura® (Cerliponase Alfa)	Updated	Nov. 1, 2026
Clotting Factors, Coagulant Blood Products, & Other Hemostatics	Revised	Jan. 1, 2027
Evenity® (Romosozumab-Aqqg)	Updated	Nov. 1, 2026
FcRn Blockers	Revised	Jan. 1, 2027
Genglycos™ (Pariglasgene Brecaparvovec-Opnr)	New	Dec. 1, 2026
Hereditary Angioedema (HAE), Treatment and Prophylaxis	Updated	Nov. 1, 2026
Ilaris® (Canakinumab)	Updated	Nov. 1, 2026

Policy Title	Status	Effective Date
Ilumya® (Tildrakizumab-Asmn)	Revised	Jan. 1, 2027
Intravenous Iron Replacement Therapy (Injectafer® & Monoferric®)	Revised	Dec. 1, 2026
Krystexxa® (Pegloticase)	Updated	Nov. 1, 2026
Pasatru™ (Garetosmab-Grts)	New	Dec. 1, 2026
Preventive Vaccines (Immunizations)	Updated	Nov. 1, 2026
Preventive Vaccines (Immunizations)	Revised	Dec. 1, 2026
RNA-Targeted Therapies (Amvuttra® and Onpattro®)	Updated	Nov. 1, 2026
Saphnelo® (Anifrolumab-Fnia)	Revised	Jan. 1, 2027
Vyjuvek® (Beramagene Geperpavec-Svdt)	Updated	Nov. 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. 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 Surest Medical Policies and Medical Benefit Drug Policies is available at **UHCprovider.com/policies** > For Commercial Plans > UnitedHealthcare | Surest medical and drug policies.