

# UnitedHealthcare Community Plan of Kentucky Medical Policy Update Bulletin Quick View: March 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: March 2026](#).**

## Medical Policy Updates

Policy Title	Status	Effective Date
Airway Clearance Devices (for Kentucky Only)	Updated	Mar. 1, 2026
Apheresis (for Kentucky Only)	Updated	Mar. 1, 2026
Autologous Cellular Therapy (for Kentucky Only)	Updated	Mar. 1, 2026
Breast Imaging for Screening and Diagnosing Cancer (for Kentucky Only)	Revised	Apr. 1, 2026
Catheter Ablation for Atrial Fibrillation (for Kentucky Only)	Updated	Mar. 1, 2026
Collagen Crosslinks and Biochemical Markers of Bone Turnover (for Kentucky Only)	Updated	Mar. 1, 2026
Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for Kentucky Only)	Revised	May 1, 2026
Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome (for Kentucky Only)	Updated	Mar. 1, 2026
Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions and Soft Tissue Indications (for Kentucky Only)	Revised	Apr. 1, 2026
Gastrointestinal Disorders Diagnostic Procedures (for Kentucky Only)	Revised	Apr. 1, 2026
Glaucoma Surgical Treatments (for Kentucky Only)	Updated	Mar. 1, 2026
Hysterectomy (for Kentucky Only)	Revised	Apr. 1, 2026
Intensity-Modulated Radiation Therapy (for Kentucky Only)	Revised	May 1, 2026
Light and Laser Therapy (for Kentucky Only)	Revised	Apr. 1, 2026
Manipulation Under Anesthesia (for Kentucky Only)	Updated	Mar. 1, 2026
Minimally Invasive Procedures for the Treatment of Upper Gastrointestinal Diseases (for Kentucky Only)	Revised	Apr. 1, 2026
Minimally Invasive Spine Surgery Procedures (for Kentucky Only)	Updated	Mar. 1, 2026
Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions (for Kentucky Only)	Updated	Mar. 1, 2026
Orthognathic (Jaw) Surgery (for Kentucky Only)	Updated	Mar. 1, 2026
Percutaneous Patent Foramen Ovale (PFO) Closure (for Kentucky Only)	Updated	Mar. 1, 2026
Percutaneous Vertebroplasty and Kyphoplasty (for Kentucky Only)	Updated	May 1, 2026
Proton Beam Radiation Therapy (for Kentucky Only)	Revised	May 1, 2026
Surgery for the Prevention and Treatment of Lymphedema (for Kentucky Only)	Updated	Mar. 1, 2026
Surgery of the Hip (for Kentucky Only)	Updated	Apr. 1, 2026
Total Artificial Disc Replacement for the Spine (for Kentucky Only)	Revised	Apr. 1, 2026

Policy Title	Status	Effective Date
Transcranial Magnetic Stimulation for Treating Physical Health Conditions (for Kentucky Only)	Updated	Mar. 1, 2026
Vertebral Body Tethering for Scoliosis (for Kentucky Only)	Revised	May 1, 2026
Walkers (for Kentucky Only)	Replaced	May 1, 2026

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Complement Inhibitors	Revised	Apr. 1, 2026
Evkeeza® (Evinacumab-Dgnb)	Updated	Apr. 1, 2026
FcRn Blockers	Revised	Apr. 1, 2026
Oncology Medication Clinical Coverage	Revised	Apr. 1, 2026
Ophthalmologic Vascular Endothelial Growth Factor (VEGF) Inhibitors	Revised	Apr. 1, 2026
Sodium Hyaluronate	Revised	Apr. 1, 2026
Somatostatin Analogs	Revised	Apr. 1, 2026
Uplizna® (Inebilizumab-Cdon)	Revised	Apr. 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 Kentucky 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 Kentucky Medical Policies and Medical Benefit Drug Policies is available at [UHCprovider.com/KY](https://UHCprovider.com/KY) > Community Plan (Medicaid) > Current Policies and Clinical Guidelines > [Medical & Drug Policies](#).