

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

## Take Note

### Implementation of Revisions Postponed: Computer-Assisted Surgical Navigation for Musculoskeletal Procedures

The Medical Policy titled *Computer-Assisted Surgical Navigation for Musculoskeletal Procedures (for Nebraska Only)* will not be revised on Feb. 1, 2026, as previously announced. Details on upcoming changes to this policy will be provided in a future edition of the Medical Policy Update Bulletin.

### Annual HCPCS Code Updates

Effective **Jan. 1, 2026**, all applicable Medical Benefit Drug Policies will be updated to reflect the 2026 Current Healthcare Common Procedure Coding System (HCPCS) code additions and deletions. Refer to the Centers for Medicare & Medicaid Services: Healthcare Common Procedure Coding System (HCPCS) Quarterly Update for information on the code updates. Refer to the Medical Policy Update Bulletin: January 2026 for a list of impacted policies and corresponding details.

## Medical Policy Updates

Policy Title	Status	Effective Date
Electrical Stimulation for Wounds (for Nebraska Only)	Retired	Jan. 1, 2026
FDA Cleared or Approved Companion Diagnostic Testing (for Nebraska Only)	Revised	Mar. 1, 2026
Interspinous Fusion and Decompression Devices (for Nebraska Only)	Updated	Jan. 1, 2026
Liposuction for Lipedema (for Nebraska Only)	Updated	Jan. 1, 2026
Pharmacogenetic Panel Testing (for Nebraska Only)	Updated	Jan. 1, 2026
Surgery of the Hip (for Nebraska Only)	Updated	Mar. 1, 2026
Total Artificial Disc Replacement for the Spine (for Nebraska Only)	Revised	Mar. 1, 2026

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Cimzia® (Certolizumab Pegol)	Revised	Feb. 1, 2026
Gazyva® (Obinutuzumab)	New	Feb. 1, 2026
Infliximab	Revised	Feb. 1, 2026
Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease	Revised	Feb. 1, 2026
Ocrevus® (Ocrelizumab) and Ocrevus Zunovo® (Ocrelizumab and Hyaluronidase-Ocsq)	Revised	Feb. 1, 2026
Respiratory Interleukins (Cinqair®, Fasentra®, & Nucala®)	Revised	Feb. 1, 2026

<b>Policy Title</b>	<b>Status</b>	<b>Effective Date</b>
Subcutaneous Implantable Naltrexone Pellets	Updated	Jan. 1, 2026
Tezspire® (Tezepelumab-Ekko)	Revised	Feb. 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](https://UHCprovider.com/NE) > Community Plan (Medicaid) > Current Policies and Clinical Guidelines > [Medical & Drug Policies](#).