UnitedHealthcare Community Plan of New Mexico
Medical Policy Update Bulletin *Quick View*: December 2025

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: December 2025.**

Take Note

Implementation Delay: Respiratory Pathogen Nucleic Acid Detection Testing (for New Mexico Only)

The new Medical Policy titled Respiratory Pathogen Nucleic Acid Detection Testing (for New Mexico Only) will not be effective on Jan. 1, 2026, as previously announced; implementation has been postponed until **Feb. 1, 2026**.

Annual CPT/HCPCS Code Updates

Beginning **Jan. 1, 2026**, all applicable Medical Policies and Medical Benefit Drug Policies will be updated to reflect the 2026 Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) code additions, revisions, and deletions. Refer to the following sources for information on the code updates:

- American Medical Association: Current Procedural Terminology: CPT®
- Centers for Medicare & Medicaid Services: Healthcare Common Procedure Coding System (HCPCS) Quarterly Update

Complete details on impacted policies and corresponding code edits will be provided in the January 2026 edition of the Medical Policy Update Bulletin.

Medical Policy Updates

Policy Title	Status	Effective Date
Apheresis (for New Mexico Only)	Updated	Dec. 1, 2025
Computer-Assisted Surgical Navigation for Musculoskeletal Procedures (for New Mexico Only)	Revised	Feb. 1, 2026
Electrical and Ultrasonic Bone Growth Stimulators (for New Mexico Only)	Revised	Feb. 1, 2026
Implanted Electrical Stimulator for the Spinal Cord (for New Mexico Only)	Revised	Feb. 1, 2026
Light and Laser Therapy (for New Mexico Only)	Revised	Feb. 1, 2026
Lower Extremity Endovascular Procedures (for New Mexico Only)	Revised	Feb. 1, 2026
Mechanical Stretching Devices (for New Mexico Only)	Updated	Dec. 1, 2025
Molecular Oncology Testing for Hematologic Cancer Diagnosis, Prognosis, and Treatment Decisions (for New Mexico Only)	Revised	Feb. 1, 2026
Omnibus Codes (for New Mexico Only)	Revised	Feb. 1, 2026
Remote Physiologic Monitoring (RPM) (for New Mexico Only)	New	Mar. 1, 2026
Sacral Nerve Stimulation for Urinary and Fecal Indications (for New Mexico Only)	Updated	Dec. 1, 2025
Sleep Studies (for New Mexico Only)	Revised	Feb. 1, 2026
Spinal Fusion and Bone Healing Enhancement Products (for New Mexico Only)	Updated	Dec. 1, 2025

Policy Title	Status	Effective Date
Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery (for New Mexico Only)	Revised	Feb. 1, 2026
Vagus and External Trigeminal Nerve Stimulation (for New Mexico Only)	Updated	Dec. 1, 2025
Video Electroencephalographic (vEEG) Monitoring and Recording (for New Mexico Only)	Updated	Dec. 1, 2025

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Botulinum Toxins A and B	Revised	Jan. 1, 2026
Denosumab	Revised	Jan. 1, 2026
Elevidys® (Delandistrogene Moxparvovec-Rokl)	Revised	Jan. 1, 2026
Gamifant® (Emapalumab-Lzsg)	Revised	Jan. 1, 2026
Gene Therapies for Hemophilia B	Revised	Jan. 1, 2026
Immune Globulin (IVIG and SCIG)	Revised	Jan. 1, 2026
Luxturna® (Voretigene Neparvovec-Rzyl)	Revised	Jan. 1, 2026
Maximum Dosage and Frequency	Revised	Jan. 1, 2026
Natalizumab (Tyruko® & Tysabri®)	Revised	Jan. 1, 2026
Oncology Medication Clinical Coverage	Revised	Jan. 1, 2026
Rebyota® (Fecal Microbiota, Live-Jslm)	Updated	Dec. 1, 2025
Roctavian® (Valoctocogene Roxaparvovec-Rvox)	Revised	Jan. 1, 2026
Spinraza® (Nusinersen)	Revised	Jan. 1, 2026
Tocilizumab	Revised	Jan. 1, 2026
Vyjuvek® (Beramagene Geperpavec-Svdt)	Revised	Jan. 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 New Mexico 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 New Mexico Medical Policies and Medical Benefit Drug Policies is available at **UHCprovider.com/NM** > Community Plan (Medicaid) > Current Policies and Clinical Guidelines > Medical & Drug Policies.