

# Surest 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
Cardiovascular Disease Risk Tests	Revised	Apr. 1, 2026
Category III Codes	Updated	Apr. 1, 2026
Computer-Assisted Surgical Navigation for Musculoskeletal Procedures	Revised	Apr. 1, 2026
Deep Brain and Cortical Stimulation	Updated	Apr. 1, 2026
Electromagnetic Therapy for Wounds	Updated	Apr. 1, 2026
Lower Extremity Endovascular Procedures	Updated	Mar. 1, 2026
Lower Extremity Endovascular Procedures	Revised	May 1, 2026
Preventive Care Services	Revised	Apr. 1, 2026
Sinus Surgeries and Interventions	Revised	Apr. 1, 2026
Spinal Fusion and Decompression	Revised	Apr. 1, 2026
Surgery of the Hip	Updated	Mar. 1, 2026
Surgery of the Knee	Updated	Mar. 1, 2026
Surgery of the Shoulder	Revised	Apr. 1, 2026
Treatment of Temporomandibular Joint Disorders	Revised	Mar. 1, 2026
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Vertebral Body Tethering for Scoliosis	Revised	Apr. 1, 2026
Virtual Upper Gastrointestinal Endoscopy	Retired	Mar. 1, 2026
Visual Information Processing Evaluation and Orthoptic and Vision Therapy	Revised	Apr. 1, 2026

## Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Complement C5 Inhibitors	Revised	Apr. 1, 2026
Denosumab	Revised	Apr. 1, 2026
Evkeeza <sup>®</sup> (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
Respiratory Interleukins (Cinqair <sup>®</sup> , Fasentra <sup>®</sup> , & Nucala <sup>®</sup> )	Updated	Apr. 1, 2026
Somatostatin Analogs	Revised	Apr. 1, 2026
Uplizna <sup>®</sup> (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 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](https://UHCprovider.com/policies) > For Commercial Plans > [UnitedHealthcare](#) | [Surest medical and drug policies](#).