

UMR Medical Policy Update Bulletin *Quick View*: October 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: October 2025](#).**

Take Note

Annual ICD-10 and Quarterly CPT/HCPCS Code Updates

Effective **Oct. 1, 2025**, all applicable Medical Policies and Medical Benefit Drug Policies have been updated to reflect the annual ICD-10 and quarterly CPT/HCPCS code additions, revisions, and deletions. Refer to the following sources for information on the code updates:

- [Centers for Medicare & Medicaid Services: Healthcare Common Procedure Coding System \(HCPCS\) Quarterly Update](#)
- [Centers for Medicare & Medicaid Services: International Classification of Diseases, Tenth Revision \(ICD-10\) Codes](#)

Refer to the [Medical Policy Update Bulletin: October 2025](#) for a list of impacted policies and corresponding details.

Medical Policy Updates

Policy Title	Status	Effective Date
Abnormal Uterine Bleeding and Uterine Fibroids	Updated	Oct. 1, 2025
Breast Imaging for Screening and Diagnosing Cancer	Revised	Nov. 1, 2025
Category III Codes	Updated	Dec. 1, 2025
Corneal Collagen Cross-Linking	Retired	Oct. 1, 2025
Diagnostic Dynamic Spinal Visualization and Vertebral Motion Analysis	Updated	Nov. 1, 2025
Electroretinography	Retired	Oct. 1, 2025
Environmental Allergen Immunotherapy	Retired	Oct. 1, 2025
Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions and Soft Tissue Indications	Updated	Nov. 1, 2025
Fecal Microbiota Transplantation	Retired	Oct. 1, 2025
Genetic Testing for Neurological Disorders	Revised	Nov. 1, 2025
Home Health, Skilled, and Custodial Care Services	Updated	Nov. 1, 2025
Injectable Dermal Fillers and Bulking Agents	Updated	Nov. 1, 2025
Omnibus Codes	Revised	Dec. 1, 2025
Remote Physiologic Monitoring (RPM)	New	Jan. 1, 2026

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Benlysta® (Belimumab)	Updated	Oct. 1, 2025
Botulinum Toxins A and B	Updated	Oct. 1, 2025
Brineura® (Cerliponase Alfa)	Revised	Nov. 1, 2025

Policy Title	Status	Effective Date
Buprenorphine (Brixadi® & Sublocade®)	Revised	Nov. 1, 2025
Cimzia® (Certolizumab Pegol)	Updated	Oct. 1, 2025
Cosentyx® (Secukinumab)	Updated	Oct. 1, 2025
FcRn Blockers (Rystiggo®, Vyvgart®, & Vyvgart Hytrulo®)	Updated	Oct. 1, 2025
FcRn Blockers (Rystiggo®, Vyvgart®, & Vyvgart Hytrulo®)	Revised	Nov. 1, 2025
Ilumya® (Tildrakizumab-Asmn)	Updated	Oct. 1, 2025
Infliximab (Avsola®, Inflectra®, Remicade®, & Renflexis®)	Updated	Oct. 1, 2025
Intracanalicular and Intravitreal Corticosteroid Implants	Revised	Nov. 1, 2025
Kisunla™ (Donanemab-Azbt)	Revised	Nov. 1, 2025
Leqembi® (Lecanemab-Irmb)	Revised	Nov. 1, 2025
Long-Acting Injectable Antiretroviral Agents for HIV	Revised	Oct. 1, 2025
Omvoh® (Mirikizumab-Mrkz)	Updated	Oct. 1, 2025
Orencia® (Abatacept) Injection for Intravenous Infusion	Updated	Oct. 1, 2025
Provider Administered Drugs – Site of Care	Revised	Nov. 1, 2025
Respiratory Interleukins (Cinqair®, Fasentra®, & Nucala®)	Updated	Oct. 1, 2025
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Updated	Oct. 1, 2025
Skyrizi® (Risankizumab-Rzaa)	Updated	Oct. 1, 2025
Synagis® (Palivizumab)	Revised	Nov. 1, 2025
Tocilizumab (Actemra®, Tofidence™, & Tyenne®) Injection for Intravenous Infusion	Updated	Oct. 1, 2025
Tremfya® (Guselkumab)	Updated	Oct. 1, 2025
Ustekinumab	Revised	Nov. 1, 2025
Xolair® (Omalizumab)	Revised	Oct. 1, 2025

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.

UMR is a wholly owned subsidiary of UnitedHealthcare, a part of UnitedHealth Group. UMR is a third-party administrator (TPA) for self-funded plans.

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 UMR Medical Policies and Medical Benefit Drug Policies is available at UHCprovider.com/policies > For Commercial Plans > [UnitedHealthcare | UMR Medical & Drug Policies](#).