

## UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: April 2026

Revised		
Policy Title	Effective Date	Summary of Changes
Clinical Laboratory Improvement Amendments (CLIA) ID Requirement Policy, Professional - Reminder	August 1, 2016	<ul style="list-style-type: none"> <li>UnitedHealthcare previously implemented a reimbursement policy that applies to all laboratory services to align with the Centers for Medicare and Medicaid Services (CMS) and Clinical Laboratory Improvement Amendments (CLIA) requirements. The effective date of the policy is August 1, 2016. This bulletin provides a reminder of the contents of that policy.</li> <li>The Clinical Laboratory Improvement Amendments (CLIA) ID Requirement Policy, Professional applies to UnitedHealthcare member claims submitted on either a CMS 1500 claim form or 837P electronic claim form.</li> <li>The CLIA ID Requirements Policy, Professional requires that all claims for laboratory services include the CLIA number for the servicing care provider. The lab servicing provider's physical address is required if the address differs from the billing provider's address noted on the claim. The billing or servicing provider's address must match the address associated with the CLIA ID number.</li> <li>Claims for laboratory services may be denied if the CLIA information is missing, invalid, or not within the scope of the awarded CLIA certificate per the CLIA ID number reported on the claim.</li> <li>UnitedHealthcare previously implemented a reimbursement policy that applies to all laboratory services to align with Centers for Medicare and Medicaid Services (CMS) and Clinical Laboratory Improvement Amendments (CLIA) requirements. The effective date for the policy was August 1, 2016. This bulletin provides a reminder of the contents of that policy.</li> </ul> <p>Claims denied for missing information may be resubmitted with the required information. Please refer to the reimbursement policy for additional information, including the claims submission process.</p>
Global Days Policy, Professional – Reminder	June 1, 2026	<ul style="list-style-type: none"> <li>Effective for dates of service on or after June 1, 2026, UnitedHealthcare will align with The Centers for Medicare and Medicaid (CMS) by enhancing the existing Global Days Policy, Professional to align reimbursement with the CMS-designated intraoperative percentage for claims with modifier 78 appended.</li> <li>Consistent with CMS, modifier 78 should be reported with procedure codes for treatment of postoperative complications that require a return trip to the operating room.</li> </ul>

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		<ul style="list-style-type: none"> <li>Currently, when modifier 78 is reported for a procedure having a global days value of 10 or 90, UnitedHealthcare reimburses the intraoperative percentage of the modified procedure at 84% of the allowed amount.</li> <li>UnitedHealthcare will reimburse all 10 or 90-day global day procedures with modifier 78 appended at the specific CMS-designated intraoperative percentage according to the National Physician Fee Schedule (anywhere between 60-84%), instead of at the highest intraoperative percentage given by CMS of 84%.</li> </ul>

Code Updates		
Policy Title	Effective Date	Summary of Changes
Reimbursement Policy Code Updates – Multiple Policies	N/A	<p>In response to provider feedback and in an effort to provide more transparency, UnitedHealthcare is providing additional information regarding code updates that impact reimbursement policies. These updates are not changing the intent or the coding requirements of the policy, but reflect changes made to industry standard code sets.</p> <ul style="list-style-type: none"> <li>The following UnitedHealthcare policies have recently been updated to include code changes: <ul style="list-style-type: none"> <li>Device and Skin Substitute Policy, Facility</li> <li>Professional/Technical Component, Professional</li> <li>Outpatient Hospital Maximum Frequency Per Day (MFD), Facility</li> </ul> </li> <li>Information regarding these code updates can be found in the history section which is located at the end of the posted policy.</li> <li>Code sections/lists/tables within a policy may not be comprehensive but may be provided as examples. Please review the full policy to understand applicability.</li> <li>Code updates could include, for example, CPT, HCPCS, ICD-10, Modifiers, Revenue Codes, or other industry standard code sets.</li> <li>UnitedHealthcare routinely updates its reimbursement policies in response to code updates made by, for example, Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), and the World Health Organization (WHO). This information is provided as a courtesy and may not include all code updates.</li> </ul>

**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.



The complete library of UnitedHealthcare Commercial Reimbursement Policies is available [UHCprovider.com](https://UHCprovider.com) > Coverage and payments > Policies and protocols > For Commercial Plans > [Reimbursement Policies for UnitedHealthcare Commercial Plans](#).