

UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: October 2026

Revised		
Policy Title	Effective Date	Summary of Changes
Routine Test Management – Allergen Testing Policy, Professional and Facility	9/1/2026 10/1/2026 for AR, CO, KY, NC, NE, OH, and RI	On June 1, 2026, UnitedHealthcare announced that effective for dates of service on or after September 1, 2026, UnitedHealthcare would implement the new Allergen Testing Policy, Professional and Facility which included that reimbursement of specific IgE in vitro testing would only be considered for up to 20 allergen specific antibodies per year for individuals 20 years of age or older. Effective for dates of service on or after September 1, 2026, UnitedHealthcare has expanded the consideration for reimbursement of specific IgE in vitro allergy testing from 20 to 29 allergen specific antibodies per year for individuals 20 years of age or older.
Obstetrical Services Policy, Professional	1/1/2027	At the time of publication, CMS has proposed maternity care reporting changes that are expected to be finalized November 2026. UnitedHealthcare will review the final CMS guidance and implement any applicable CMS requirements effective Jan. 1, 2027. If the final CMS rule differs from the approach described below, UnitedHealthcare may revise this guidance to align with CMS requirements. If CMS finalizes its proposed 2027 maternity HCPCS G-codes as originally proposed, including being effective January 1, 2027, providers should report maternity services using the applicable CMS-designated HCPCS G-codes. If the CMS proposal is not finalized as proposed, effective Jan. 1, 2027, CPT® maternity care services will transition from global obstetric reporting to phase-based reporting, including antepartum, labor management, delivery, and postpartum care. Pregnancies spanning the 2026-2027 transition period should be reported as follows for claims to be considered with reimbursement: • Services rendered on or before Dec. 31, 2026, should be reported in accordance with CPT® 2026 guidelines, including CPT® 59425, 59426, or applicable E/M services. • Services rendered on or after Jan. 1, 2027, should be reported using the appropriate E/M code. Antepartum-only global obstetric CPT® codes will no longer apply to services rendered in 2027 and beyond. • Antepartum and Postpartum services should be reported with the appropriate E/M code, modifier TH, and the appropriate obstetrical primary diagnosis. • Dipstick urinalysis services performed during the antepartum period will not be considered for separate reimbursement. We continue to cover maternity care, including services during pregnancy, labor and delivery and the postpartum period. Coverage, reimbursement, and claims adjudication remain subject to applicable benefit plans, medical necessity criteria, and claims submission requirements. This communication provides reporting guidance only and does not modify benefits or coverage.

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		Additional Resources Providers are encouraged to review the AMA CPT® 2027 Maternity Care Services educational materials for additional detail on phase-based reporting and implementation considerations (CPT Maternity Care Services Education Brief: Antepartum Transition Reporting AMA).
Code Updates		
Policy Title	Effective Date	Summary of Changes
Reimbursement Policy Code Updates – Multiple Policies	N/A	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. - The following UnitedHealthcare policies have recently been updated to include code changes: - Maximum Frequency per Day, Professional - Information regarding these code updates can be found in the history section which is located at the end of the posted policy. - 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. - Code updates could include, for example, CPT, HCPCS, ICD-10, Modifiers, Revenue Codes, or other industry standard code sets. - 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.

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](#) > Coverage and payments > Policies and protocols > For Commercial Plans > [Reimbursement Policies for UnitedHealthcare Commercial Plans](#).