

UnitedHealthcare Individual Exchange/Individual and Family Plans Reimbursement Policy Update Bulletin: May 2026

Revised		
Policy Title	Effective Date	Summary of Changes
Global Days Policy, Professional – Reminder	June 1, 2026	<ul style="list-style-type: none"> 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. 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. 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. 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%.

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"> The following UnitedHealthcare policies have recently been updated to include code changes: <ul style="list-style-type: none"> Add-On Codes, Professional Assistant-at-Surgery Services, Professional Bilateral Procedures, Professional Co-Surgeon/Team Surgeon, Professional Device and Skin Substitute Policy, Facility

Code Updates		
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		<ul style="list-style-type: none"> • Maximum Frequency per Day CPT, Professional • Modifier Reduction Policy, Professional • MPPR for Medical and Surgical Services Policy, Professional • Outpatient Hospital Maximum Frequency Per Day (MFD), Facility • Preventive Medicine and Screening, Professional • Professional/Technical Component, Professional • Services and Modifiers Not Reimbursable to Health care Professionals Policy, Professional • Supply Policy, Professional <ul style="list-style-type: none"> • 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 Individual & Family Plan Reimbursement Policies is available UHCprovider.com > Coverage and payments > Policies and protocols > For Individual Exchange Plans > [Exchanges-Reimbursement-Policies](#).