United Healthcare

UnitedHealthcare Medicare Advantage

Reimbursement Policy Update Bulletin: August 2026

New		
Policy Title	**Effective Date**	**Policy Summary**

Routine Test Management – Allergen Testing Policy, Professional and Facility
Reminder
	September 1, 2026	Effective for date of service on or after September 1, 2026, UnitedHealthcare will implement the new Allergen Testing Policy, Professional and Facility.
		
		The new policy will:
		
		• Consider reimbursement of in vitro serum IgE testing of individuals 20 years of age or older for moderate to severe asthma or signs or symptoms of allergic bronchopulmonary aspergillosis.
		• Consider reimbursement of specific IgE in vitro allergy testing to up to twenty allergen specific antibodies per year for individuals 20 years of age or older.
		• Not consider reimbursement of:
		  ○ antigen leukocyte antibody testing (ALCAT),
		  ○ basophil activation flow cytometry testing and in-vitro testing of IgG, IgA, IgM, and/or IgD when billed for signs or symptoms of allergies,
		  ○ in vitro allergen testing using bead-based epitope assays, or
		  ○ qualitative specific IgE multi-allergen screen procedure code(s) that do not identify a specific allergen.
		
		This new policy is available for review on UnitedHealthcare website, uhcprovider.com.

Routine Test Management – Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility **Reminder**	September 1, 2026	Effective for date of service on or after September 1, 2026, UnitedHealthcare will implement the new Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility. The new policy will: • Consider reimbursement of multianalyte assay testing up to once every six months to distinguish hepatic cirrhosis from non-cirrhosis for individuals with hepatitis B, hepatitis C, metabolic dysfunction-associated steatotic liver disease (MASLD) (including metabolic dysfunction-associated steatohepatitis (MASH)) or alcoholic hepatitis. • Not consider reimbursement of certain other multianalyte assays. This new policy is available for review on UnitedHealthcare website, uhcprovider.com.

New		
Policy Title	**Effective Date**	**Policy Summary**
Routine Test Management – In Vitro Chemotherapy Assays Policy, Professional and Facility **Reminder**	September 1, 2026	Effective for dates of service on or after September 1, 2026, UnitedHealthcare will implement the new In Vitro Chemotherapy Assays Policy, Professional and Facility. The new policy will: • Not consider reimbursement of in vitro chemotherapy sensitive and resistance assays. This new policy is available for review on UnitedHealthcare website, uhcprovider.com.
Routine Test Management – Testosterone Policy, Professional and Facility **Reminder**	September 1, 2026	Effective for dates of service on or after September 1, 2026, UnitedHealthcare will implement the new Testosterone Policy, Professional and Facility. The new policy will: • Consider reimbursement of serum total testosterone for the monitoring of treatment response in men taking enzyme inhibitors for prostate cancer, gender-dysphoric/gender-incongruent persons (baseline, during treatment, and for therapy monitoring) and symptomatic individuals being evaluated for conditions associated with androgen excess (e.g., polycystic ovary syndrome and functional hypothalamic amenorrhea) and will limit the frequency of reimbursement under certain conditions. • Consider reimbursement of serum free testosterone, sex hormone–binding globulin (SHBG), and/or albumin up to once annually for males who have hypogonadism, gynecomastia, and/or other forms of testicular hypofunction. • Consider reimbursement of procedures used to calculate bioavailable testosterone for individuals suspected of having a disorder associated with increased or decreased SHBG levels, based on free and total serum testosterone, sex hormone binding globulin (SHBG), and/or albumin. • Consider reimbursement of serum estradiol up to once per lifetime prior to initiating testosterone therapy in males with gynecomastia. • Consider reimbursement of serum dihydrotestosterone, for the determination of 5-alpha reductase deficiency, in individuals with ambiguous genitalia, hypospadias or microphallus. • Not consider reimbursement of serum total testosterone, free testosterone, and/or bioavailable testosterone for asymptomatic individuals or for individuals with non-specific symptoms.

New		
Policy Title	**Effective Date**	**Policy Summary**
		This new policy is available for review on UnitedHealthcare website, uhcprovider.com.
Routine Test Management – Vitamin B12 Testing Policy, Professional and Facility **Reminder**	September 1, 2026	Effective for dates of service on or after September 1, 2026, UnitedHealthcare will implement the new Vitamin B12 Testing Policy, Professional and Facility. The new policy will: • Consider reimbursement of total vitamin B12 testing up to once every three months. • Consider reimbursement of homocysteine testing for vitamin B12 deficiency. This new policy is available for review on UnitedHealthcare website, uhcprovider.com.

Revised		
Policy Title	**Effective Date**	**Summary of Changes**
Observation and Discharge Policy, Professional and Facility **Reminder**	October 1, 2026	• Effective for dates of service on or after October 1, 2026, UnitedHealthcare Medicare Advantage will update the Observation and Discharge Policy, Professional and Facility to align with the Centers for Medicare and Medicaid Services (CMS). The policy will enforce correct coding guidelines of Observation Services reported with Revenue Code 0762 and HCPCS codes G0378 and G0379. • The policy will be enhanced to account for the following scenarios: ▪ Claim lines billed with G0378 or G0379 without Revenue Code 0762 will be denied. ▪ Claim lines billed with G0378 more than once for the same patient, by the same provider on the same date of service will be denied. ▪ Claim lines billed with G0378 will only be considered for reimbursement when the observation period meets or exceeds 8 hours. ▪ Claim lines billed with G0378 without additional services (99281-99285, 99291, G038-G0384 or G0463) will be denied. ▪ Claim lines billed with Revenue Code 0762 without a HCPCS code will be denied. ▪ Claim lines billed with Revenue Code 0762 and the HCPCS code is not G0378 or G0379 will be denied.

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:
		  • Time Span Codes Policy, Professional
		  • Bilateral Procedures, Professional
		  • Split Surgical (Mods 54, 55, 56), Professional
		  • RTM Allergen Testing Policy, Professional and Facility
		  • RTM Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility
		  • RTM In Vitro Chemotherapy Assays Policy, Professional and Facility
		  • RTM Testosterone Policy, Professional and Facility
		  • RTM Vitamin B12 Testing Policy, Professional and Facility
		• 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.

Published reimbursement policies are intended to ensure reimbursement based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement

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 Medicare Advantage Reimbursement Policies is available **UHCprovider.com** > Policies and Protocols > Medicare-Advantage-Policies > Medicare-Advantage-Reimbursement Policies .