United Healthcare®

UnitedHealthcare Medicare Advantage

Reimbursement Policy Update Bulletin: January 2026

Revised		
Policy Title	**Effective Date**	**Summary of Changes**

Anatomical Modifier Requirement Policy, Professional - Reminder	February 01, 2026	Effective with dates of service on or after February 1, 2026, UnitedHealthcare will enhance the Anatomical Modifier Requirement Policy, Professional to align with the Center for Medicare and Medicaid Services (CMS) requirement that the appropriate laterality and/or anatomical modifiers be applied to surgical and radiological codes.
		• Surgical Codes (10000-69999 Series)
		  ○ For codes related to a specific digit, the correct anatomical or laterality modifier must be used. (FA, F1-F9, TA, T1-T9, LT, RT, 50).
		  ○ For codes not related to a specific digit, the appropriate laterality modifier (LT, RT, 50) must be used when applicable.
		• Radiological Codes (70000 Series)
		  ○ For codes related to a specific digit, the correct anatomical or laterality modifier must be used. (FA, F1-F9, TA, T1-T9, LT, RT, 50).
		  ○ For codes not related to a specific digit, the appropriate laterality modifier (LT, RT, 50) must be used when applicable.
		
		Modifiers play a critical role in medical coding by enhancing clarity and specificity. Submitting the appropriate modifiers to specify the exact area of the body where a procedure was performed helps eliminate the concern of duplicate billing and/or unbundling and helps ensure accurate reimbursement for the services rendered.

Diagnosis Code Requirement Policy, Professional and Facility- Edit enforcement for Inpatient Claims	February 01, 2026	In January 2024, Reimbursement Policy Update Bulletin, UnitedHealthcare Medicare Advantage communicated implementation of a comprehensive Diagnosis Code Requirement Policy for both professional and facility services. This policy consolidated multiple diagnosis-related policies into one unified framework, aligning with existing ICD-10-CM guidelines. As part of that notification, UnitedHealthcare Medicare Advantage emphasized adherence by all providers to Excludes 1 coding rules, which are integral to the ICD-10-CM framework. • Excludes 1 guidelines indicate that certain codes are mutually exclusive, meaning they represent conditions that cannot be reported together—such as a congenital form versus an acquired form of the same condition. All providers must ensure compliance with Excludes 1 guidelines when submitting any type of claim. • UnitedHealthcare Medicare Advantage will begin reinforcing the application of Excludes 1 guidelines for inpatient claim types effective February 01, 2026. For additional details, please refer to the updated Diagnosis Code Reimbursement Policy.

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		All providers must submit claims accurately in accordance with ICD-10-CM guidelines, including proper application of Excludes 1 rule. Claims that do not comply with these requirements may be subject to edits or denials.
Diagnosis Code Requirement Policy, Professional and Facility - Reminder	March 01, 2026	In the January 2024 Reimbursement Policy Update Bulletin, UnitedHealthcare Medicare Advantage communicated implementation of a comprehensive Diagnosis Code Requirement Policy for both professional and facility services. This policy consolidated multiple diagnosis-related policies into one unified framework, aligning with existing ICD-10-CM guidelines. As part of that notification, UnitedHealthcare Medicare Advantage emphasized adherence by all providers to Excludes 1 coding rules, which are integral to the ICD-10-CM framework. At the time of the initial notification, these guidelines applied only to inpatient claims. • Excludes 1 guidelines indicate that certain codes are mutually exclusive, meaning they represent conditions that cannot be reported together—such as a congenital form versus an acquired form of the same condition. All providers must ensure compliance with Excludes 1 guidelines when submitting any type of claim. • UnitedHealthcare Medicare Advantage will begin enforcing the application of Excludes 1 guidelines across all claim types effective March 1, 2026, to include outpatient and professional claim types. For additional details, please refer to the updated Diagnosis Code Reimbursement Policy. • All providers must submit claims accurately in accordance with ICD-10-CM guidelines, including proper application of Excludes 1 rules. Claims that do not comply with these requirements may be subject to edits or denials.
Professional/Technical Component Policy, Professional	April 1, 2026	• Effective for dates of service on or after April 1, 2026, UnitedHealthcare will enhance the Professional/Technical Component Policy, Professional. When a radiology service is rendered and the physician or other eligible qualified healthcare professional performs a review rather than the full written interpretation and report, the reimbursement for the professional component is considered included in the Evaluation and Management (E/M) service. This will occur whether the radiology service is billed globally or with modifier 26. • Effective October 1, 2024, the Professional/Technical Component Policy was enhanced so the interpretation of a radiology service appended with modifier 26 would not be considered for separate reimbursement when reported on the same date of service as an E/M service for the same patient by the same provider unless a copy of the radiology report was attached to support separate reimbursement. • With the current enhancement, when a global radiology code is billed on the same date of service as an E/M service for the same patient, by the same individual provider, the global radiology code's professional component will not be considered for separate reimbursement unless a copy of the radiology report is attached to support separate reimbursement. • For example, if an internal medicine provider bills for an E/M service and a global radiology service, the provider would need to submit the report for the professional component of the global radiology service to be considered for separate reimbursement. • To help providers submit an interpretation report, a Smart Edit will be implemented which provides additional details regarding the process for submitting the full interpretation report.

Code Updates		
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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: • Intracellular Micronutrient Analysis, Professional and Facility - RTM • 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 .