

UnitedHealthcare Medicare Advantage Reimbursement Policy Update Bulletin: October 2026

Revised		
Policy Title	Effective Date	Summary of Changes
Routine Test Management – Allergen Testing Policy, Professional and Facility	Sept. 1, 2026	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.
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 do not change 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: - Add-On Codes, Professional - Intestinal Dysbiosis and Fecal Microbiota Transplant Testing, Pro and Facility – RTM - Autoimmune Rheumatic Disease, Professional and Facility – RTM - Allergen Testing Policy, Professional and Facility – RTM - Intracellular Micronutrient Analysis, Professional and Facility – RTM - Bone Turnover Marker Testing of Osteoporosis, Professional and Facility – RTM - Diabetes Mellitus Testing, Professional and Facility – RTM - Diagnostic Testing for Inflammatory Bowel Disease, Professional and Facility – RTM

Code Updates		
Policy Title	Effective Date	Summary of Changes
		- Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility - RTM - Lyme Disease Testing, Professional and Facility - RTM - Testosterone Policy, Professional and Facility - RTM - Onychomycosis Testing, Professional and Facility - RTM - Cardiovascular Disease Risk Assessment, Professional and Facility - RTM - Chronic Heart Failure, Professional and Facility - RTM - Homocysteine Testing for Metabolism, Professional and Facility - RTM - Epithelial Cell Cytology, Professional and Facility - RTM - Vitamin B12 Testing Policy, Professional and Facility - RTM - Enzyme Testing for Acute Pancreatitis, Professional and Facility - RTM - Iron Homeostasis & Metabolism, Professional and Facility - RTM - Diagnostic Testing for Influenza, Professional and Facility - RTM - Immune Cell Function Assay, Professional and Facility - RTM - Fecal Calprotectin Testing, Professional and Facility - RTM - Flow Cytometry, 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](#).