

UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: April 2026

New			
Policy Title	State(s)	Policy summary	Effective Date
Homocysteine Testing for Metabolism Policy, Professional and Facility First Notification	Colorado Florida Hawaii Kansas Michigan New Mexico New York Rode Island Virginia Wisconsin	<ul style="list-style-type: none"> Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the Homocysteine Testing for Metabolism Policy, Professional and Facility. The policy will consider reimbursement for homocysteine testing procedure code (83090) only for individuals with homocystinuria, vitamin B12 deficiency, or chronic ischemic heart disease. The Homocysteine Testing for Metabolism Policy, Professional and Facility will be available for review on UnitedHealthcare’s website, uhcprovider.com, on April 1, 2026. 	July 01, 2026
Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility First Notification	Florida Hawaii Kansas Michigan New Mexico New York Pennsylvania Rhode Island Wisconsin	<ul style="list-style-type: none"> Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility. The policy will not consider reimbursement of certain serologic marker procedure codes for individuals with Crohn's disease, ulcerative colitis, or irritable bowel syndrome. In addition, the policy will not consider reimbursement for certain diagnostic algorithm-based testing (e.g. <i>ibs-smart™</i>, <i>PredictSURE IBD™</i> Test, <i>Prometheus®</i> testing) for the determination or monitoring of individuals with irritable bowel syndrome. The Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility will be available for review on UnitedHealthcare’s website, uhcprovider.com, on April 1, 2026. 	July 01, 2026
Diabetes Mellitus Testing Policy,	Colorado Pennsylvania	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the Diabetes Mellitus Testing Policy, Professional and Facility. 	May 01, 2026

Professional and Facility Reminder	Rhode Island	<ul style="list-style-type: none"> The policy will limit reimbursement for hemoglobin A1c procedure codes 83036 and 83037 when billed for diabetes mellitus testing to once every three months. The Diabetes Mellitus Testing Policy, Professional and Facility has been available for review on UnitedHealthcare’s website, uhcprovider.com since November 8, 2025. 	
Diabetes Mellitus Testing Policy, Professional and Facility First Notification	Arizona Idaho Indiana New Jersey	<ul style="list-style-type: none"> Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the Diabetes Mellitus Testing Policy, Professional and Facility. The policy will limit reimbursement for hemoglobin A1c procedure codes 83036 and 83037 when billed for diabetes mellitus testing to once every three months. The Diabetes Mellitus Testing Policy, Professional and Facility has been available for review on UnitedHealthcare’s website, uhcprovider.com since November 8, 2025. 	July 01, 2026
Iron Homeostasis and Metabolism Policy, Professional and Facility Reminder	Colorado Rhode Island Washington	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the Iron Homeostasis and Metabolism Policy, Professional and Facility. The policy will not consider reimbursement of certain serum hepcidin testing procedure codes when billed for iron homeostasis and metabolism. The Iron Homeostasis and Metabolism Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025. 	May 01, 2026
Iron Homeostasis and Metabolism Policy, Professional and Facility First Notification	Arizona Idaho	<ul style="list-style-type: none"> Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the Iron Homeostasis and Metabolism Policy, Professional and Facility. The policy will not consider reimbursement of certain serum hepcidin testing procedure codes when billed for iron homeostasis and metabolism. The Iron Homeostasis and Metabolism Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025. 	July 01, 2026

<p>Diagnostic Testing for Influenza Policy, Professional and Facility Reminder</p>	<p>Colorado New York Rhode Island</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the Diagnostic Testing for Influenza Policy, Professional and Facility. • The policy will consider reimbursement of influenza testing procedure codes only when billed for certain conditions and not consider reimbursement of viral culture and serologic testing procedure codes when billed for influenza. • The Diagnostic Testing for Influenza Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025. 	<p>May 01, 2026</p>
<p>Diagnostic Testing for Influenza Policy, Professional and Facility First Notification</p>	<p>Kansas</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the Diagnostic Testing for Influenza Policy, Professional and Facility. • The policy will consider reimbursement of influenza testing procedure codes only when billed for certain conditions and not consider reimbursement of viral culture and serologic testing procedure codes when billed for influenza. • The Diagnostic Testing for Influenza Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025. 	<p>July 01, 2026</p>
<p>Lyme Disease Testing Policy, Professional and Facility Reminder</p>	<p>Colorado New York Rhode Island</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the Lyme Disease Testing Policy, Professional and Facility. • The policy will consider reimbursement of serologic testing procedure codes for Lyme disease testing only when billed for certain conditions and not consider reimbursement of nucleic acid identification techniques (NAAT), direct or amplified probe, when billed for the detection of <i>Borrelia burgdorferi</i>. • The Lyme Disease Testing Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025. 	<p>May 01, 2026</p>
<p>Lyme Disease Testing Policy, Professional and Facility First Notification</p>	<p>Kansas</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the Lyme Disease Testing Policy, Professional and Facility. 	<p>July 01, 2026</p>

		<ul style="list-style-type: none"> The policy will consider reimbursement of serologic testing procedure codes for Lyme disease testing only when billed for certain conditions and not consider reimbursement of nucleic acid identification techniques (NAAT), direct or amplified probe, when billed for the detection of Borrelia burgdorferi. The Lyme Disease Testing Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025. 	
Flow Cytometry Policy, Professional and Facility First Notification	Idaho Indiana Kansas	<ul style="list-style-type: none"> Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the Flow Cytometry Policy, Professional and Facility. The policy will consider reimbursement of flow cytometry immunophenotyping of cell surface marker procedure codes only when billed for certain conditions. Additionally, the policy will not consider reimbursement of flow cytometry-derived DNA content (DNA Index) or cell proliferative activity (S-phase fraction or % S-phase) when billed for prognostic or therapeutic purposes in the routine management of cancers. The Flow Cytometry Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025. 	July 01, 2026
Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility Reminder	Colorado New York Rhode Island	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility. The policy will consider reimbursement of certain serum lipase concentration procedure codes for the initial determination of acute pancreatitis when billed for certain conditions and limit the frequency of reimbursement to once per week. The policy will also not consider reimbursement of urinary amylase concentration for the initial determination of acute pancreatitis for individuals presenting with signs and symptoms of acute pancreatitis; not consider reimbursement of serum or urine trypsin/trypsinogen/ TAP for the assessment, prognosis, and/or determination of acute pancreatitis; and not consider reimbursement of certain biomarker procedure codes for the assessment, prognosis, and/or determination of acute pancreatitis. 	May 01, 2026

		<ul style="list-style-type: none"> The Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025. 	
<p>Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility</p> <p>First Notification</p>	<p>Indiana Kansas</p>	<ul style="list-style-type: none"> Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility. The policy will consider reimbursement of certain serum lipase concentration procedure codes for the initial determination of acute pancreatitis when billed for certain conditions and limit the frequency of reimbursement to once per week. The policy will also not consider reimbursement of urinary amylase concentration for the initial determination of acute pancreatitis for individuals presenting with signs and symptoms of acute pancreatitis; not consider reimbursement of serum or urine trypsin/trypsinogen/ TAP for the assessment, prognosis, and/or determination of acute pancreatitis; and not consider reimbursement of certain biomarker procedure codes for the assessment, prognosis, and/or determination of acute pancreatitis. The Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025. 	<p>July 01, 2026</p>
<p>Fecal Calprotectin Testing Policy, Professional and Facility</p> <p>Reminder</p>	<p>Colorado Hawaii New York Rhode Island</p>	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the Fecal Calprotectin Testing Policy, Professional and Facility. The policy will consider reimbursement for fecal calprotectin testing only when billed for certain conditions. The Fecal Calprotectin Testing Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025. 	<p>May 01, 2026</p>
<p>Fecal Calprotectin Testing Policy, Professional and Facility</p> <p>First Notification</p>	<p>Indiana Kansas</p>	<ul style="list-style-type: none"> Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the Fecal Calprotectin Testing Policy, Professional and Facility. The policy will consider reimbursement for fecal calprotectin testing only when billed for certain conditions. 	<p>July 01, 2026</p>

		<ul style="list-style-type: none"> The Fecal Calprotectin Testing Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025. 	
<p>Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility</p> <p>Reminder</p>	<p>Florida Hawaii Michigan New Mexico Pennsylvania Virginia Wisconsin</p>	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the new Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility. The new policy will not consider reimbursement for diagnostic testing procedure codes for fecal analysis in suspected or determined intestinal dysbiosis, irritable bowel syndrome, malabsorption, or small intestinal overgrowth of bacteria. The Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, since February 2, 2026. 	<p>May 01, 2026</p>
<p>Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility</p> <p>First Notification</p>	<p>Colorado Kansas New York North Carolina Rhode Island</p>	<ul style="list-style-type: none"> Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the new Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility. The new policy will not consider reimbursement for diagnostic testing procedure codes for fecal analysis in suspected or determined intestinal dysbiosis, irritable bowel syndrome, malabsorption, or small intestinal overgrowth of bacteria. The Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, since February 2, 2026. 	<p>July 01, 2026</p>
<p>Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility</p> <p>Reminder</p>	<p>Florida Hawaii Michigan New Mexico Pennsylvania Wisconsin</p>	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the new Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility. This new reimbursement policy will limit reimbursement for Bone Turnover Marker Testing procedure codes when billed for Osteoporosis to once every 3 months. The Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	<p>May 01, 2026</p>

<p>Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility First Notification</p>	<p>Colorado Kansas Kentucky New York North Carolina Rhode Island</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the new Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility. • This new reimbursement policy will limit reimbursement for Bone Turnover Marker Testing procedure codes when billed for Osteoporosis to once every 3 months. • The Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	<p>July 01, 2026</p>
<p>Immune Cell Function Assay Policy, Professional and Facility Reminder</p>	<p>Florida Hawaii Michigan Pennsylvania Wisconsin</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the new Immune Cell Function Assay Policy, Professional and Facility. • This new policy will not consider reimbursement for certain immune cell function assay procedure codes. • The Immune Cell Function Assay Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	<p>May 01, 2026</p>
<p>Immune Cell Function Assay Policy, Professional and Facility First Notification</p>	<p>Colorado New Mexico New York North Carolina Rhode Island</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the new Immune Cell Function Assay Policy, Professional and Facility. • This new policy will not consider reimbursement for certain immune cell function assay procedure codes. • The Immune Cell Function Assay Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	<p>July 01, 2026</p>
<p>Autoimmune Rheumatic Disease Policy, Professional and Facility Reminder</p>	<p>Florida Hawaii Michigan New York Pennsylvania</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the new Autoimmune Rheumatic Disease Policy, Professional and Facility. 	<p>May 01, 2026</p>

	Wisconsin	<ul style="list-style-type: none"> • This new policy will not consider reimbursement for certain antinuclear antibodies (ANA) and extractable nuclear antigen (ENA) testing procedure codes for a general encounter without abnormal findings. • This new policy will also not consider reimbursement of certain procedure codes for the use of cell-bound complement activation products. • In addition, this new policy will not consider reimbursement of certain serum biomarker panel testing procedure codes when submitted for the conditions of systemic lupus erythematosus or connective tissue disease. • The Autoimmune Rheumatic Disease Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	
Autoimmune Rheumatic Disease Policy, Professional and Facility First Notification	Colorado Kansas New Mexico North Carolina Rhode Island Virginia	<ul style="list-style-type: none"> • Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the new Autoimmune Rheumatic Disease Policy, Professional and Facility. • This new policy will not consider reimbursement for certain antinuclear antibodies (ANA) and extractable nuclear antigen (ENA) testing procedure codes for a general encounter without abnormal findings. • This new policy will also not consider reimbursement of certain procedure codes for the use of cell-bound complement activation products. • In addition, this new policy will not consider reimbursement of certain serum biomarker panel testing procedure codes when submitted for the conditions of systemic lupus erythematosus or connective tissue disease. • The Autoimmune Rheumatic Disease Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	July 01, 2026
Chronic Heart Failure Policy, Professional and Facility	Hawaii Michigan New Mexico New York	<ul style="list-style-type: none"> • Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the new Chronic Heart Failure Policy, Professional and Facility. 	May 01, 2026

Reminder	Wisconsin	<ul style="list-style-type: none"> • This new policy will not consider reimbursement of the Presage® ST2 Assay procedure code for biomarker testing of chronic heart failure. • The Chronic Heart Failure Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	
Chronic Heart Failure Policy, Professional and Facility First Notification	Colorado Florida North Carolina	<ul style="list-style-type: none"> • Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the new Chronic Heart Failure Policy, Professional and Facility. • This new policy will not consider reimbursement of the Presage® ST2 Assay procedure code for biomarker testing of chronic heart failure. • The Chronic Heart Failure Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	July 01, 2026
Epithelial Cell Cytology Policy, Professional and Facility Reminder	Hawaii Michigan New Mexico Pennsylvania Wisconsin	<ul style="list-style-type: none"> • Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the new Epithelial Cell Cytology Policy, Professional and Facility. • This new policy will not consider reimbursement of certain epithelial cell cytology analysis procedure codes for the assessment and management of breast cancer risk. • The Epithelial Cell Cytology Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	May 01, 2026
Epithelial Cell Cytology Policy, Professional and Facility First Notification	Colorado Florida Kansas New York North Carolina	<ul style="list-style-type: none"> • Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the new Epithelial Cell Cytology Policy, Professional and Facility. • This new policy will not consider reimbursement of certain epithelial cell cytology analysis procedure codes for the assessment and management of breast cancer risk. • The Epithelial Cell Cytology Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	July 01, 2026

<p>Intracellular Micronutrient Analysis Policy, Professional and Facility Reminder</p>	<p>Hawaii Michigan New Mexico New York Wisconsin</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the new Intracellular Micronutrient Analysis Policy, Professional and Facility. • This new policy will not consider reimbursement of intracellular micronutrient panel testing for certain procedure codes. • The Intracellular Micronutrient Analysis Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	<p>May 01, 2026</p>
<p>Intracellular Micronutrient Analysis Policy, Professional and Facility First Notification</p>	<p>Colorado Kansas Kentucky North Carolina Rhode Island</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the new Intracellular Micronutrient Analysis Policy, Professional and Facility. • This new policy will not consider reimbursement of intracellular micronutrient panel testing for certain procedure codes. • The Intracellular Micronutrient Analysis Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	<p>July 01, 2026</p>
<p>Onychomycosis Testing Policy, Professional and Facility Reminder</p>	<p>Hawaii Michigan New Mexico New York Pennsylvania Wisconsin</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the new Onychomycosis Testing Policy, Professional and Facility. • This new policy will not consider reimbursement of nucleic acid amplification testing (NAAT) procedure codes for individuals with onychomycosis and anti-fungal therapy resolved the infection. • In addition, this new policy will not consider reimbursement of the attenuated total-reflectance fourier transform infrared (ATR-FTIR) spectroscopy procedure code to screen for, determine, or confirm onychomycosis. • The Onychomycosis Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	<p>May 01, 2026</p>
<p>Onychomycosis Testing Policy, Professional and Facility</p>	<p>Colorado Florida Kansas Kentucky</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the new Onychomycosis Testing Policy, Professional and Facility. 	<p>July 01, 2026</p>

First Notification	North Carolina Rhode Island	<ul style="list-style-type: none"> • This new policy will not consider reimbursement of nucleic acid amplification testing (NAAT) procedure codes for individuals with onychomycosis and anti-fungal therapy resolved the infection. • In addition, this new policy will not consider reimbursement of the attenuated total-reflectance fourier transform infrared (ATR-FTIR) spectroscopy procedure code to screen for, determine, or confirm onychomycosis. • The Onychomycosis Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	
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Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Policy, Professional	North Carolina Tennessee	<ul style="list-style-type: none"> • Effective with dates of service on or after May 1, 2026, UnitedHealthcare will enhance the Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Policy, Professional. • UnitedHealthcare will apply a reduction to certain ultrasound CPT codes with an MPPR Status Indicator of "0" to provide consistency with similar ultrasound codes with an assigned MPPR Status Indicator of "4". • For these CPT codes with an MPPR Status Indicator of "0", this will result in a 50% reduction for the technical component (TC) and 5% reduction for the professional component (PC) of secondary and subsequent ultrasound imaging procedures when provided to the same patient in the same session on the same date of service by the same or different physician in the same group, consistent with what currently occurs for CPT codes with an MPPR status indicator of "4". • When appropriate, a modifier may be appended to the additional ultrasound procedures to indicate they were performed on the same date of service during a separate session. 	May 01, 2026
CCI Editing Policy, Professional and Facility	Kansas	<ul style="list-style-type: none"> • Effective for dates of service on or after May 01, 2026, UnitedHealthcare Community Plan will align with The Centers for Medicare and Medicaid (CMS) by enhancing the existing CCI Editing, Professional and Facility policy to support claim line denials when there are two shoulder arthroscopic procedures performed on the same shoulder. • In accordance with CMS National Correct Coding Initiative (NCCI) CPT codes 29805-29828 Procedure to Procedure (PTP) edit code pairs consisting of two codes describing two shoulder 	May 01, 2026

Revised			
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		<p>arthroscopy procedures performed on the same shoulder will not be considered for separate reimbursement regardless of if the code is appended with an NCCI PTP associated modifier. This includes the use of modifier 59.</p> <ul style="list-style-type: none"> • PTP edit code pairs will be considered for separate reimbursement when performed on opposite shoulders and when appended with an appropriate NCCI PTP associated modifier. • There are three exceptions which are described in Chapter IV, Section E (Arthroscopy), Subsection 7 of the NCCI manual. The following CPT codes will be considered for separate reimbursement when submitted in addition to code 29823 if extensive debridement is completed in a different area of the same shoulder. <ul style="list-style-type: none"> ○ 29824 (Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)) ○ 29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair) • 29828 (Arthroscopy, shoulder, surgical, biceps, tenodesis). 	
Anatomical Modifier Requirement Policy, Professional	Kansas	<p>Effective with dates of service on or after May 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.</p> <ul style="list-style-type: none"> • Surgical Codes (10000-69999 Series) <ul style="list-style-type: none"> ○ 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) <ul style="list-style-type: none"> ○ 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. 	May 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Global Days Policy, Professional	Rhode Island	<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%. 	July 01, 2026
Professional/Technical Component Policy, Professional - Reminder	Rhode Island	<ul style="list-style-type: none"> 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. 	June 01, 2026

Revised			
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		<ul style="list-style-type: none"> 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. 	
Vitamin D Testing Policy, Professional - Reminder	Colorado Florida Hawaii Kansas Massachusetts Michigan New Mexico New York Pennsylvania Rhode Island Virginia Wisconsin	<ul style="list-style-type: none"> Effective with dates of service on or after June 1, 2026, UnitedHealthcare Community Plan will expand the Vitamin D Testing Policy, Professional to include facility services. This enhanced policy, Vitamin D Testing Policy Professional and Facility, will integrate the existing guidelines covered by the Vitamin D Testing Policy, Professional and apply it to both professional and facility claims. <ul style="list-style-type: none"> The updated policy will consider Vitamin D testing for reimbursement when submitted with an appropriate ICD-10 diagnosis and corresponding Vitamin D procedure code from the code lists in the policy for both facility and professional claims. Vitamin D tests that meet the above criteria will be reimbursed up to four tests per year. 	June 01, 2026
Hospital Inclusive Charges Policy, Facility	Kansas	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare will publish a new Hospital Inclusive Charges Policy, Facility that is in accordance with the Centers for Medicare and Medicaid Services' Provider Reimbursement Manual. This policy aims to provide guidelines on which items or services are not eligible for separate reimbursement during both inpatient and outpatient hospital visits. Certain categories of items and services are included within the overall room and board or facility fee charge for an inpatient or outpatient visit or otherwise bundled within services provided as part of the visit and therefore are not considered separately reimbursable by UnitedHealthcare. Why did UnitedHealthcare publish this policy? UnitedHealthcare introduced the Hospital Inclusive Charges Policy to provide greater transparency into our process regarding items associated with certain inpatient and outpatient stays that aren't considered separately reimbursable. These items are already included within the room and board reimbursement or the reimbursement for an underlying procedure, as applicable. 	May 01, 2026

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		<ul style="list-style-type: none"> • What should facilities expect to see differently? • Facilities already receive documentation requests to ensure reimbursements comply with policy requirements as part of our standard process. This will provide greater transparency into that process, which is used today in reviews and audits of claims paid on a percent of charge basis such as itemized bill reviews and hospital bill audits. 	
Global Days Policy, Professional - Reminder	Hawaii Michigan New Mexico New York Wisconsin	<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%. • 	June 01, 2026
Professional/Technical Component Policy, Professional	Kansas	<ul style="list-style-type: none"> • 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 	May 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
		<p>same patient by the same provider unless a copy of the radiology report was attached to support separate reimbursement.</p> <ul style="list-style-type: none"> 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. 	
Flow Cytometry Policy, Professional and Facility Reminder	Colorado New York Pennsylvania Rhode Island	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026 UnitedHealthcare Community Plan will implement the Flow Cytometry Policy, Professional and Facility. The policy will consider reimbursement of flow cytometry immunophenotyping of cell surface marker procedure codes only when billed for certain conditions. Additionally, the policy will not consider reimbursement of flow cytometry-derived DNA content (DNA Index) or cell proliferative activity (S-phase fraction or % S-phase) when billed for prognostic or therapeutic purposes in the routine management of cancers. The Flow Cytometry Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025. 	May 01, 2026

Retired			
Policy Title	State(s)	Summary of Changes	Effective Date
Prostate Biopsy Specimen Analysis	Florida, Hawaii, Michigan,	<ul style="list-style-type: none"> On November 1, 2025 UnitedHealthcare announced that effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan would implement the new Prostate Biopsy Specimen Analysis Policy, Professional and Facility. 	N/A

Retired			
Policy Title	State(s)	Summary of Changes	Effective Date
Policy, Professional and Facility	New Mexico, North Carolina, Pennsylvania, Virginia, Wisconsin	<ul style="list-style-type: none"> UnitedHealthcare will not implement this policy. As such, the policy will not take effect as previously announced. 	

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
Reimbursement Policy Code Updates – Multiple Policies	Multiple	<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"> 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. Check published policy to determine impact at the state level. The following UnitedHealthcare policies have recently been updated to include code changes: <ul style="list-style-type: none"> CCI Editing, Professional Device and Skin Substitute Policy, Facility Diagnosis Code Requirement Policy, Professional and Facility Discarded Drugs and Biologicals, Professional and Facility DME, Orthotics and Prosthetics, Professional Drug Testing Reimbursement Policy, Professional Emergency Room Ancillary Services Policy, Facility 	April 01, 2026

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> • Emergency Room Services: Florida, Facility • Flow Cytometry, Professional and Facility - RTM • From - To Date, Professional • Gender to Procedure and Diagnosis, Professional • Hospital Inclusive Charges, Facility • Maximum Frequency per Day CPT, Professional • Maximum Frequency per Day HCPCS, Professional • Medically Unlikely Edits (MUE), Professional and Facility • Microsurgery, Professional • Non-Covered and Covered Codes Policy, Facility • Non-Covered and Covered Codes Policy, Professional • Nonphysician Health Care Professionals Billing E/M Codes, Professional • Procedure and Place of Service, Professional • Procedure to Modifier, Professional • Professional/Technical Component, Professional • RAST Testing, Professional • Readmission, Facility • Rebundling, Professional • Services and Modifiers Not Reimbursable to Health care Professionals Policy, Professional • Supply Policy, Professional • T Status Codes, Professional • Telehealth/Virtual Health Policy, Professional and Facility • Time Span Codes Policy, Professional • Unlisted Services Policy, Professional • Vaccines For Children Policy, Professional • Vitamin D Testing, Professional • Wrong Surgical or Other Invasive Procedures 	



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 Community Plan Reimbursement Policies is available at UHCprovider.com > Policies and Protocols > Community Plan Policies > [Reimbursement Policies for Community Plan](#).

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