

UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: January 2026

New			
Policy Title	State(s)	Policy summary	Effective Date
Diabetes Mellitus Testing Policy, Professional and Facility-Reminder	Florida, Hawaii, Michigan, New Mexico, New York, North Carolina, Washington, Wisconsin	<ul style="list-style-type: none"> Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Diabetes Mellitus Testing Policy, Professional and Facility. The new policy will limit reimbursement for hemoglobin A1c procedure codes 83036 and 83037 when billed for diabetes mellitus testing to once every three months. This new reimbursement Diabetes Mellitus Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on November 8, 2025. 	February 01, 2026
Iron Homeostasis and Metabolism Policy, Professional and Facility-Reminder	Hawaii, Massachusetts, Michigan, New Mexico, New York, North Carolina, Pennsylvania, Wisconsin	<ul style="list-style-type: none"> Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Iron Homeostasis and Metabolism Policy, Professional and Facility. The new policy will not consider for reimbursement certain serum hepcidin testing procedure codes when billed for iron homeostasis and metabolism. This new reimbursement Iron Homeostasis and Metabolism Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on November 8, 2025. 	February 01, 2026

Diagnostic Testing for Influenza Policy, Professional and Facility-Reminder	Hawaii, Michigan, New Mexico, North Carolina, Pennsylvania, Virginia, Wisconsin	<ul style="list-style-type: none"> Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Diagnostic Testing for Influenza Policy, Professional and Facility. The new policy will consider for reimbursement influenza testing procedure codes only when billed for certain conditions and not consider for reimbursement viral culture and serologic testing procedure codes when billed for influenza. This new reimbursement Diagnostic Testing for Influenza Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on November 8, 2025. 	February 01, 2026
Lyme Disease Testing Policy, Professional and Facility-Reminder	Florida, Hawaii, Michigan, New Mexico, North Carolina, Pennsylvania, Virginia, Wisconsin	<ul style="list-style-type: none"> Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Lyme Disease Testing Policy, Professional and Facility. The new policy will consider for reimbursement serologic testing procedure codes for Lyme disease testing only when billed for certain conditions and not consider for reimbursement nucleic acid identification techniques (NAAT), direct or amplified probe, when billed for the detection of <i>Borrelia burgdorferi</i>. This new reimbursement Lyme Disease Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on November 8, 2025. 	February 01, 2026
Flow Cytometry Policy, Professional and Facility-Reminder	Florida, Hawaii, Michigan, New Mexico, North Carolina,	<ul style="list-style-type: none"> Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Flow Cytometry Policy, Professional and Facility. 	February 01, 2026

	Virginia, Wisconsin	<ul style="list-style-type: none"> The new policy will consider reimbursement of flow cytometry immunophenotyping of cell surface marker procedure codes only when billed for certain conditions. In addition, it will limit the frequency of reimbursement of certain flow cytometry immunophenotyping of cell surface marker procedure codes to various limits and not consider for reimbursement 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. This new reimbursement Flow Cytometry Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on November 8, 2025. 	
Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility-Reminder	Florida, Hawaii, Michigan, New Mexico, North Carolina, Wisconsin	<ul style="list-style-type: none"> Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility. The new 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 new policy will also not consider for reimbursement urinary amylase concentration for the initial determination of acute pancreatitis for individuals presenting with signs and symptoms of acute pancreatitis; not consider for reimbursement serum or urine trypsin/trypsinogen/ TAP for the assessment, prognosis, and/or determination of acute pancreatitis; and not consider for reimbursement certain biomarker procedure codes for the assessment, prognosis, and/or determination of acute pancreatitis. This new reimbursement Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on November 8, 2025. 	February 01, 2026

Prostate Biopsy Specimen Analysis Policy, Professional and Facility-Reminder	Florida, Hawaii, Michigan, New Mexico, North Carolina, Pennsylvania, Virginia, Wisconsin	<ul style="list-style-type: none"> Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Prostate Biopsy Specimen Analysis Policy, Professional and Facility. The new policy will consider reimbursement of pathological examination of tissue obtained from a prostate biopsy involving up to twelve core extended samplings only when performed as a follow up to abnormal PSA results, the presence of a palpable nodule on digital rectal examination, or suspicious radiologic findings and limit the reimbursement frequency of certain prostate needle biopsy procedure codes to once per date of service. This new reimbursement Prostate Biopsy Specimen Analysis Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on November 8, 2025. 	February 01, 2026
Fecal Calprotectin Testing Policy, Professional and Facility-Reminder	Florida, Michigan, New Mexico, North Carolina, Pennsylvania, Virginia, Wisconsin	<ul style="list-style-type: none"> Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Fecal Calprotectin Testing Policy, Professional and Facility. The new policy will consider reimbursement for fecal calprotectin testing only when billed for certain conditions. This new reimbursement Fecal Calprotectin Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on November 8, 2025. 	February 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Professional/Technical Component Policy, Professional	Colorado, Florida, Massachusetts, Missouri, New York, Virginia, Wisconsin	<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. <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. 	April 01, 2026
Diagnosis Code Requirement Policy, Professional and Facility	Florida Hawaii Colorado New Mexico New York Massachusetts	<ul style="list-style-type: none"> In the January 2024, Reimbursement Policy Update Bulletin, UnitedHealthcare Community Plan 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 Community Plan emphasized adherence by all providers to Excludes 1 coding rules, 	April 01, 2026

Revised			
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	Rhode Island Virginia Wisconsin	<p>which are integral to the ICD-10-CM framework. At the time of the initial notification, these guidelines applied only to inpatient claims.</p> <ul style="list-style-type: none"> 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 Community Plan will begin enforcing the application of Excludes 1 guidelines across all claim types effective April 1, 2026, to include outpatient and professional claim types. For additional details, please refer to the updated Diagnosis Code Reimbursement Policy. <p>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.</p> <p>We appreciate your partnership in ensuring accurate and compliant claim submissions. For additional details, please refer to the updated Diagnosis Code Requirement Policy available on the UHC Provider Portal.</p> <p>All providers must submit claims accurately in accordance with ICD-10-CM guidelines, including proper application of Exclude 1 rules. Claims that do not comply with these requirements may be subject to edits or denials.</p>	
Device and Skin Substitute Policy, Facility	Arizona	<ul style="list-style-type: none"> UnitedHealthcare Community Plan will align with CMS by creating a new Device and Skin Substitute Policy, Facility that will be effective for dates of service on or after October 1, 2025. When a device- dependent procedure code is submitted, the appropriate device code must be submitted on the same claim for the same date of service unless the procedure was terminated. 	February 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> The submission of certain skin substitute application procedures requires the appropriate skin substitute product be submitted on the same day. These procedures and products are divided into two lists based on high or low cost. 	
Anatomical Modifier Requirement Policy, Professional - Reminder	Florida, Hawaii, Maryland, Massachusetts, Michigan, Missouri, New Mexico, New York, Rhode Island, Virginia, Washington, Washington DC, Wisconsin	<p>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.</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. 	February 01, 2026
Anatomical Modifier Requirement Policy, Professional - Reminder	Pennsylvania	<p>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.</p> <ul style="list-style-type: none"> Surgical Codes (10000-69999 Series) 	February 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
		<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. <p>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.</p>	
Procedure and Place of Service Policy, Professional - Reminder	Tennessee	<ul style="list-style-type: none"> Effective with dates of service on or after February 01, 2026, UnitedHealthcare will enhance the Procedure and Place of Service Policy, Professional. According to the CMS National Physician Fee Schedule Relative Value File, the Facility Indicator identified as “NA” indicates that “this procedure is rarely or never performed in the facility setting” by a Physician or Qualified Healthcare Professional. <p>The enhanced reimbursement policy will not consider for reimbursement CPT or HCPCS codes with a CMS National Physician Fee Schedule Facility NA Indicator of “NA” when billed by a Physician or Qualified Healthcare Professional in a facility place of service 21. The codes may still be considered for reimbursement when billed by the facility.</p>	February 01, 2026
Rebundling Policy, Professional - Reminder	Texas	<ul style="list-style-type: none"> Effective with dates of service on or after March 01, 2026, HCPCS code G0545 will be included within the UnitedHealthcare Community Plan Rebundling Policy, Professional. 	March 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> UnitedHealthcare's Community Plan reimbursement for the services associated with G0545 is included in its reimbursement for outpatient evaluation and management services and therefor G0545 is not separately reimbursable. 	
Rebundling Policy, Professional	Ohio	<ul style="list-style-type: none"> Effective with dates of service on or after February 1, 2026, HCPCS code G2211 will be included within the UnitedHealthcare Community Plan Rebundling Policy, Professional. UnitedHealthcare's Community Plan reimbursement for the services associated with G2211 is included in its reimbursement for outpatient evaluation and management services and therefor G2211 is not separately reimbursable. 	February 01, 2026
Rebundling Policy, Professional	Ohio	<ul style="list-style-type: none"> Effective with dates of service on or after February 1, 2026 HCPCS code G0545 will be included within the UnitedHealthcare Community Plan Rebundling Policy, Professional UnitedHealthcare's Community Plan reimbursement for the services associated with G0545 is included in its reimbursement for outpatient evaluation and management services and therefor G0545 is not separately reimbursable 	February 01, 2026
Professional/Technical Component Policy, Professional	Michigan	<ul style="list-style-type: none"> Effective for dates of service on or after February 1, 2026, UnitedHealthcare will enhance the Professional/Technical Component Policy, Professional to align with the Centers for Medicare and Medicaid (CMS): if 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 is considered included in the Evaluation and Management (E/M) service. The interpretation of a radiology service appended with modifier 26 will not be considered for separate reimbursement when reported <i>by the same individual provider</i> (physician or other qualified healthcare professional), on the same date of service as an E/M service, for the same patient, unless a copy of the radiology report is attached to support separate reimbursement. 	February 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> For example, if an emergency room provider bills for an E/M service and an interpretation, the emergency room provider would need to submit the report for the claim to be considered for separate reimbursement. If the emergency room provider bills for an E/M service only and a radiologist bills for an interpretation, the radiologist would not be required to submit a report for their claim to be considered for reimbursement. To help providers submit an interpretation report, a Smart Edit will be implemented which will provide additional details as to the process. 	

Retired			
Policy Title	State(s)	Summary of Changes	Effective Date
Respiratory Viral Panel Testing Policy, Professional and Facility - Reminder	Arizona, Colorado, Florida, Hawaii, Idaho, Indiana, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska,	Effective for dates of service on or after February 01, 2026; UnitedHealthcare Community Plan is retiring the existing Respiratory Viral Panel Testing Policy, Professional and Facility.	February 01, 2026

Retired			
Policy Title	State(s)	Summary of Changes	Effective Date
	New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Tennessee, Texas, Virginia, Washington, Washington DC, Wisconsin		

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. 	January 01, 2025

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> 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"> Add-On Codes, Facility Age to Diagnosis Code and Procedure Code Policy, Professional Anesthesia, Professional Appropriate Patient Discharge Status for Type of Bill Policy, Facility Assistant-at-Surgery Services, Professional B Bundle, Professional Bilateral Procedures, Professional CCI Editing, Professional Contrast & Radiopharmaceutical Materials, Professional Diabetes Mellitus Testing, Professional and Facility - RTM Diagnosis Code Requirement Policy, Professional and Facility Diagnostic Testing for Influenza, Professional and Facility - RTM Discarded Drugs and Biologicals, Professional and Facility Discontinued Procedure (Mod 53), Professional DME, Orthotics and Prosthetics, Professional Drug Testing Reimbursement Policy, Professional Emergency Room Services: Tennessee, Facility Enzyme Testing for Acute Pancreatitis, Professional and Facility - RTM Fecal Calprotectin Testing, Professional and Facility - RTM 	

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> • Flow Cytometry, Professional and Facility - RTM • Gender to Procedure and Diagnosis, Professional • Iron Homeostasis & Metabolism, Professional and Facility - RTM • Laboratory Services, Professional • Lyme Disease Testing, Professional and Facility - RTM • Maximum Frequency per Day CPT, Professional • Maximum Frequency per Day HCPCS, Professional • Medically Unlikely Edits (MUE), Professional and Facility • Non-Covered and Covered Codes Policy, Facility • Non-Covered and Covered Codes Policy, Professional • Obstetrical Services, Professional • Obstetrical Ultrasound, Professional • Otoacoustic Emissions Testing, Professional • Procedure and Place of Service, Professional • Procedure to Modifier, Professional • Professional/Technical Component, Professional • Prostate Biopsy Specimen Analysis, Professional and Facility - RTM • Provider Specialty Crosswalk • Radiation Therapy Planning - Dosimetry, Simulation/Devices and Management Policy, Professional & Fac • Respiratory Viral Panel Testing, Professional and Facility • Revenue Codes Requiring Procedure Codes, Facility • Supply Policy, Professional • Telehealth/Virtual Health Policy, Professional and Facility • Unlisted Services Policy, Professional • Vaccines For Children Policy, Professional 	

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](#).