

UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: May 2026

New			
Policy Title	State(s)	Policy summary	Effective Date
Homocysteine Testing for Metabolism Policy, Professional and Facility Reminder	Colorado Florida Hawaii Kansas Michigan New Mexico New York Rhode 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
Homocysteine Testing for Metabolism Policy, Professional and Facility First Notification	Kentucky	<ul style="list-style-type: none"> Effective for dates of service on or after August 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. 	August 01, 2026
Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility	Florida Hawaii Kansas Michigan New Mexico	<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. 	July 01, 2026

Reminder	New York Pennsylvania Rhode Island Wisconsin	<ul style="list-style-type: none"> • 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. ibs-smart™, PredictSURE IBD™ Test, Prometheus® 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. 	
Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility First Notification	Indiana Kentucky Tennessee	<ul style="list-style-type: none"> • Effective for dates of service on or after August 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. ibs-smart™, PredictSURE IBD™ Test, Prometheus® 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. 	August 01, 2026
Diabetes Mellitus Testing Policy, Professional and Facility Reminder	Colorado 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 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. 	May 01, 2026

<p>Diabetes Mellitus Testing Policy, Professional and Facility First Notification</p>	<p>Arizona Idaho Indiana New Jersey</p>	<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. 	<p>July 01, 2026</p>
<p>Diabetes Mellitus Testing Policy, Professional and Facility First Notification</p>	<p>Tennessee</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after August 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. 	<p>August 01, 2026</p>
<p>Iron Homeostasis and Metabolism Policy, Professional and Facility Reminder</p>	<p>Colorado Rhode Island Washington</p>	<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. 	<p>May 01, 2026</p>
<p>Iron Homeostasis and Metabolism Policy, Professional and Facility First Notification</p>	<p>Arizona Idaho</p>	<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. 	<p>July 01, 2026</p>

		<ul style="list-style-type: none"> The Iron Homeostasis and Metabolism Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025. 	
<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 Reminder</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>Diagnostic Testing for Influenza Policy, Professional and Facility First Notification</p>	<p>Idaho Nebraska</p>	<ul style="list-style-type: none"> Effective for dates of service on or after August 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>August 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 Reminder</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. • 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>July 01, 2026</p>
<p>Lyme Disease Testing Policy, Professional and Facility First Notification</p>	<p>Tennessee</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after August 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>. 	<p>August 01, 2026</p>

		<ul style="list-style-type: none"> 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 Reminder	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
Flow Cytometry Policy, Professional and Facility First Notification	Tennessee	<ul style="list-style-type: none"> Effective for dates of service on or after August 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. 	August 01, 2026
Enzyme Testing for Acute Pancreatitis	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. 	May 01, 2026

<p>Policy, Professional and Facility Reminder</p>		<ul style="list-style-type: none"> • 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>Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility Reminder</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>Enzyme Testing for Acute Pancreatitis</p>	<p>Tennessee</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility. 	<p>August 01, 2026</p>

<p>Policy, Professional and Facility First Notification</p>		<ul style="list-style-type: none"> • 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>Fecal Calprotectin Testing Policy, Professional and Facility 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 Reminder</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. • The Fecal Calprotectin Testing 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 First Notification</p>	<p>Tennessee</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after August 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>August 01, 2026</p>
<p>Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility 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 Reminder</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>Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility First Notification</p>	<p>Kentucky Tennessee</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after August 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>August 01, 2026</p>
<p>Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility 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 Reminder</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>Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility First Notification</p>	<p>Indiana Tennessee</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after August 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>August 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 Reminder</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>Immune Cell Function Assay Policy, Professional and Facility</p>	<p>Indiana Tennessee Virginia</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the new Immune Cell Function Assay Policy, Professional and Facility. 	<p>August 01, 2026</p>

First Notification		<ul style="list-style-type: none"> • 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. 	
Autoimmune Rheumatic Disease Policy, Professional and Facility Reminder	Florida Hawaii Michigan New York 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 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. 	May 01, 2026
Autoimmune Rheumatic Disease Policy, Professional and Facility Reminder	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. 	July 01, 2026

		<ul style="list-style-type: none"> 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. 	
<p>Autoimmune Rheumatic Disease Policy, Professional and Facility</p> <p>First Notification</p>	<p>Indiana Tennessee</p>	<ul style="list-style-type: none"> Effective for dates of service on or after August 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. 	<p>August 01, 2026</p>
<p>Chronic Heart Failure Policy, Professional and Facility</p> <p>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 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. 	<p>May 01, 2026</p>

<p>Chronic Heart Failure Policy, Professional and Facility Reminder</p>	<p>Colorado Florida North Carolina</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 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. 	<p>July 01, 2026</p>
<p>Chronic Heart Failure Policy, Professional and Facility First Notification</p>	<p>Tennessee</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after August 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. 	<p>August 01, 2026</p>
<p>Epithelial Cell Cytology Policy, Professional and Facility Reminder</p>	<p>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 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. 	<p>May 01, 2026</p>
<p>Epithelial Cell Cytology Policy, Professional and Facility Reminder</p>	<p>Colorado Florida Kansas New York North Carolina</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 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. 	<p>July 01, 2026</p>

		<ul style="list-style-type: none"> The Epithelial Cell Cytology Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	
Epithelial Cell Cytology Policy, Professional and Facility First Notification	Indiana Tennessee	<ul style="list-style-type: none"> Effective for dates of service on or after August 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. 	August 01, 2026
Intracellular Micronutrient Analysis Policy, Professional and Facility Reminder	Hawaii Michigan New Mexico New York 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 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. 	May 01, 2026
Intracellular Micronutrient Analysis Policy, Professional and Facility Reminder	Colorado Kansas Kentucky North Carolina Rhode Island	<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. 	July 01, 2026

<p>Intracellular Micronutrient Analysis Policy, Professional and Facility First Notification</p>	<p>Tennessee</p>	<ul style="list-style-type: none"> • Effective for dates of service on or after August 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>August 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 Reminder</p>	<p>Colorado Florida 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 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. 	<p>July 01, 2026</p>

		<ul style="list-style-type: none"> The Onychomycosis Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	
Onychomycosis Testing Policy, Professional and Facility First Notification	Indiana Tennessee	<ul style="list-style-type: none"> Effective for dates of service on or after August 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. 	August 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Diagnosis Code Requirement Policy, Professional and Facility	Texas	<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, 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. 	June 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> • 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. • 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. • 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. • 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. 	
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

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Global Days Policy, Professional-Reminder	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. 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
Molecular Pathology Policy, Professional and Facility - Reminder	Kansas	<ul style="list-style-type: none"> Effective with dates of service on or after June 01, 2026 UnitedHealthcare Community Plan will revise the Molecular Pathology Policy, Professional. The updated reimbursement policy requirements will apply to both professional and facility claims, and the policy name will be updated to Molecular Pathology Policy, Professional and Facility. The policy will require the submission of a DEX Z-code® which would be obtained from the Palmetto DEX Registry for claims to be considered for reimbursement. 	June 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> The registry can be found on www.dexzcodes.com. Claims for molecular pathology services will be denied if the DEX Z- code® information is missing, invalid, or does not match the service represented by the CPT code reported on the claim. Claims denied for missing or invalid information may be resubmitted with the required information. The Palmetto DEX Z- code® should be reported in Loop 2400 or SV-101-7 for professional electronic claims and in box 19 for paper claims. Facility claims should be reported in Loop 2400 or SV-202-7. 	
Global Days Policy, Professional-Reminder	Hawaii Kansas 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. 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 	June 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
		Physician Fee Schedule (anywhere between 60-84%), instead of at the highest intraoperative percentage given by CMS of 84%.	
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. 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. 	June 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
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
Procedure and Place of Service Policy, Professional, Reminder	Indiana	<ul style="list-style-type: none"> Effective with dates of service on or after October 1, 2025, 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. 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. 	June 1, 2026
Retired			
Policy Title	State(s)	Summary of Changes	Effective Date
Prostate Biopsy Specimen Analysis Policy, Professional and Facility	Florida, Hawaii, Michigan, New Mexico, North Carolina,	<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
	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. 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"> Add-On Codes, Facility Add-On Codes, Professional 	May 01, 2026

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> ○ Age to Diagnosis Code and Procedure Code Policy, Professional ○ Ambulance Services, Professional ○ Bilateral Procedures, Facility ○ Bilateral Procedures, Professional ○ Clinical Laboratory Improvement Amendments (CLIA) ID Requirement, Professional ○ Contrast & Radiopharmaceutical Materials, Professional ○ Device and Skin Substitute Policy, Facility ○ Diagnosis Code Requirement Policy, Professional and Facility ○ DME, Orthotics and Prosthetics, Professional ○ From - To Date, Professional ○ Gender to Procedure and Diagnosis, Professional ○ Hospital Inclusive Charges, Facility ○ Increased Procedural Service (Mods 22 & 63), Professional ○ Maximum Frequency per Day CPT, Professional ○ Maximum Frequency per Day HCPCS, Professional ○ Medically Unlikely Edits (MUE), Professional and Facility ○ Molecular Pathology, Professional and Facility ○ MPPR for Medical and Surgical Services Policy, Professional ○ Multiple Policies ○ Non-Covered and Covered Codes Policy, Facility ○ Non-Covered and Covered Codes Policy, Professional ○ PM & R- Speech Therapy, Professional ○ Procedure and Place of Service, Professional ○ Procedure to Modifier, Professional ○ Professional/Technical Component, Professional ○ Revenue Codes Requiring Procedure Codes, Facility ○ Same Day/Same Service, Professional ○ Supply Policy, Professional ○ Telehealth/Virtual Health Policy, Professional and Facility ○ Unlisted Services Policy, Professional ○ Vaccines For Children Policy, Professional ○ Vitamin D Testing, 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](#).

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