

UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: October 2026

New			
Policy Title	State(s)	Policy summary	Effective Date
Diagnostic Testing for Influenza Policy, Professional and Facility Reminder	Indiana Tennessee	- Effective for dates of service on or after October 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.	October 01, 2026
Lyme Disease Testing Policy, Professional and Facility Reminder	Nebraska	- Effective for dates of service on or after October 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.	October 01, 2026

Lyme Disease Testing Policy, Professional and Facility Reminder	Idaho	- Effective for dates of service on or after December 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.	December 01, 2026
Flow Cytometry Policy, Professional and Facility Reminder	Nebraska	- Effective for dates of service on or after October 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.	October 01, 2026
Flow Cytometry Policy, Professional and Facility Reminder	Washington	- Effective for dates of service on or after December 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.	December 01, 2026

		- 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.	
Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility First Notification	Idaho	- Effective for dates of service on or after January 1, 2027, 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.	January 01, 2027
Fecal Calprotectin Testing Policy, Professional and Facility Reminder	Idaho	Effective for dates of service on or after November 1, 2026, UnitedHealthcare Community Plan will implement the Fecal Calprotectin Testing Policy, Professional and Facility.	November 01, 2026

		- 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.	
Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility Reminder	Idaho	- Effective for dates of service on or after December 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.	December 01, 2026
Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility Reminder	Idaho	- Effective for dates of service on or after November 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.	November 01, 2026

Immune Cell Function Assay Policy, Professional and Facility First Notification	Idaho	- Effective for dates of service on or after January 1, 2027, 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.	January 1, 2027
Autoimmune Rheumatic Disease Policy, Professional and Facility Reminder	Idaho	- Effective for dates of service on or after December 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.	December 01, 2026
Chronic Heart Failure Policy, Professional and Facility	Indiana	Effective for dates of service on or after October 1, 2026, UnitedHealthcare Community Plan will implement the new Chronic Heart Failure Policy, Professional and Facility.	October 01, 2026

Reminder		- 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, uhcpvider.com, on February 2, 2026.	
Chronic Heart Failure Policy, Professional and Facility Reminder	Rhode Island	- Effective for dates of service on or after November 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, uhcpvider.com, on February 2, 2026.	November 01, 2026
Chronic Heart Failure Policy, Professional and Facility First Notification	Idaho	- Effective for dates of service on or after January 1, 2027, 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, uhcpvider.com, on February 2, 2026.	January 1, 2027
Epithelial Cell Cytology Policy, Professional and Facility First Notification	Idaho	- Effective for dates of service on or after January 1, 2027, 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.	January 1, 2027

		The Epithelial Cell Cytology Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	
Intracellular Micronutrient Analysis Policy, Professional and Facility First Notification	Idaho	- Effective for dates of service on or after January 1, 2027, 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.	January 1, 2027
Onychomycosis Testing Policy, Professional and Facility First Notification	Idaho	- Effective for dates of service on or after January 1, 2027, 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.	January 1, 2027
Homocysteine Testing for Metabolism Policy,	Pennsylvania	Effective for dates of service on or after December 1, 2026, UnitedHealthcare Community Plan will implement the Homocysteine Testing for Metabolism Policy, Professional and Facility.	December 01, 2026

Professional and Facility Reminder		- 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.	
Homocysteine Testing for Metabolism Policy, Professional and Facility First Notification	Idaho Tennessee	- Effective for dates of service on or after January 1, 2027, 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..	January 1, 2027
Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility First Notification	Idaho	- Effective for dates of service on or after January 1, 2027, 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.	January 1, 2027

		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.	
In Vitro Chemotherapy Assays Policy, Professional and Facility Reminder	Hawaii Michigan New York	Effective for dates of service on or after October 1, 2026, UnitedHealthcare will implement the new In Vitro Chemotherapy Assays Policy, Professional and Facility. The new policy will: - Not consider reimbursement of in vitro chemotherapy sensitive and resistance assays. - This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	October 01, 2026
In Vitro Chemotherapy Assays Policy, Professional and Facility Reminder	Colorado Florida Massachusetts New Mexico Virginia Wisconsin	Effective for dates of service on or after November 1, 2026, UnitedHealthcare will implement the new In Vitro Chemotherapy Assays Policy, Professional and Facility. The new policy will: - Not consider reimbursement of in vitro chemotherapy sensitive and resistance assays. - This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	November 01, 2026
In Vitro Chemotherapy Assays Policy, Professional and Facility Reminder	Kentucky Pennsylvania Tennessee	Effective for dates of service on or after December 1, 2026, UnitedHealthcare will implement the new In Vitro Chemotherapy Assays Policy, Professional and Facility. The new policy will: Not consider reimbursement of in vitro chemotherapy sensitive and resistance assays.	December 01, 2026

		This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	
Testosterone Policy, Professional and Facility Reminder	Colorado Michigan New Mexico New York Pennsylvania	Effective for dates of service on or after October 1, 2026, UnitedHealthcare will implement the new Testosterone Policy, Professional and Facility The new policy will: - Consider reimbursement of serum total testosterone for the monitoring of treatment response in men taking enzyme inhibitors for prostate cancer, gender-dysphoric/gender-incongruent persons (baseline, during treatment, and for therapy monitoring) and symptomatic individuals being evaluated for conditions associated with androgen excess (e.g., polycystic ovary syndrome and functional hypothalamic amenorrhea) and will limit the frequency under certain conditions. - Limit frequency of serum free testosterone, sex hormone-binding globulin (SHBG), and/or albumin to once annually for males who have hypogonadism, gynecomastia, and/or other forms of testicular hypofunction. - Consider reimbursement of procedures used to calculate bioavailable testosterone for individuals suspected of having a disorder associated with increased or decreased SHBG levels, based on free and total serum testosterone, sex hormone-binding globulin (SHBG), and/or albumin. - Limit frequency of serum estradiol to once per lifetime prior to initiating testosterone therapy in males with gynecomastia. - Consider reimbursement of serum dihydrotestosterone, for the determination of 5-alpha reductase deficiency, in individuals with ambiguous genitalia, hypospadias or microphallus.	October 01, 2026

		• Not consider reimbursement of serum total testosterone, free testosterone, and/or bioavailable testosterone for asymptomatic individuals or for individuals with non-specific symptoms. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	
Testosterone Policy, Professional and Facility Reminder	Kansas Massachusetts	Effective for dates of service on or after November 1, 2026, UnitedHealthcare will implement the new Testosterone Policy, Professional and Facility The new policy will: • Consider reimbursement of serum total testosterone for the monitoring of treatment response in men taking enzyme inhibitors for prostate cancer, gender-dysphoric/gender-incongruent persons (baseline, during treatment, and for therapy monitoring) and symptomatic individuals being evaluated for conditions associated with androgen excess (e.g., polycystic ovary syndrome and functional hypothalamic amenorrhea) and will limit the frequency under certain conditions. • Limit frequency of serum free testosterone, sex hormone-binding globulin (SHBG), and/or albumin to once annually for males who have hypogonadism, gynecomastia, and/or other forms of testicular hypofunction. • Consider reimbursement of procedures used to calculate bioavailable testosterone for individuals suspected of having a disorder associated with increased or decreased SHBG levels, based on free and total serum testosterone, sex hormone-binding globulin (SHBG), and/or albumin. • Limit frequency of serum estradiol to once per lifetime prior to initiating testosterone therapy in males with gynecomastia.	November 01, 2026

		- Consider reimbursement of serum dihydrotestosterone, for the determination of 5-alpha reductase deficiency, in individuals with ambiguous genitalia, hypospadias or microphallus. - Not consider reimbursement of serum total testosterone, free testosterone, and/or bioavailable testosterone for asymptomatic individuals or for individuals with non-specific symptoms. - This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	
Testosterone Policy, Professional and Facility Reminder	Kentucky	Effective for dates of service on or after December 1, 2026, UnitedHealthcare will implement the new Testosterone Policy, Professional and Facility The new policy will: - Consider reimbursement of serum total testosterone for the monitoring of treatment response in men taking enzyme inhibitors for prostate cancer, gender-dysphoric/gender-incongruent persons (baseline, during treatment, and for therapy monitoring) and symptomatic individuals being evaluated for conditions associated with androgen excess (e.g., polycystic ovary syndrome and functional hypothalamic amenorrhea) and will limit the frequency under certain conditions. - Limit frequency of serum free testosterone, sex hormone-binding globulin (SHBG), and/or albumin to once annually for males who have hypogonadism, gynecomastia, and/or other forms of testicular hypofunction. - Consider reimbursement of procedures used to calculate bioavailable testosterone for individuals suspected of having a disorder associated with increased or decreased SHBG levels, based on free and total serum testosterone, sex hormone-binding globulin (SHBG), and/or albumin.	December 01, 2026

		• Limit frequency of serum estradiol to once per lifetime prior to initiating testosterone therapy in males with gynecomastia. • Consider reimbursement of serum dihydrotestosterone, for the determination of 5-alpha reductase deficiency, in individuals with ambiguous genitalia, hypospadias or microphallus. • Not consider reimbursement of serum total testosterone, free testosterone, and/or bioavailable testosterone for asymptomatic individuals or for individuals with non-specific symptoms. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	
Allergen Testing Policy, Professional and Facility Reminder	Colorado Florida Hawaii Michigan New York Rhode Island	Effective for dates of service on or after December 1, 2026, UnitedHealthcare will implement the new Allergen Testing Policy, Professional and Facility. The new policy will: • Not consider reimbursement of in vitro serum IgE testing of individuals 20 years of age or older for moderate to severe asthma or signs or symptoms of allergic bronchopulmonary aspergillosis. • Limit frequency of specific IgE in vitro allergy testing to up to 29* allergen specific antibodies per year for individuals 20 years of age or older. • Not consider reimbursement of antigen leukocyte antibody testing (ALCAT), basophil activation flow cytometry testing and in-vitro testing of IgG, IgA, IgM, and/or IgD when billed for signs or symptoms of allergies or in vitro allergen testing using bead-based epitope assays.	October 01, 2026

		This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026. *Prior communications indicated testing limit up to 20 per year. This has been increased to 29.	
Allergen Testing Policy, Professional and Facility Reminder	Idaho Kansas	Effective for dates of service on or after December 1, 2026, UnitedHealthcare will implement the new Allergen Testing Policy, Professional and Facility. The new policy will: - Not consider reimbursement of in vitro serum IgE testing of individuals 20 years of age or older for moderate to severe asthma or signs or symptoms of allergic bronchopulmonary aspergillosis. - Limit frequency of specific IgE in vitro allergy testing to up to 29* allergen specific antibodies per year for individuals 20 years of age or older. - Not consider reimbursement of antigen leukocyte antibody testing (ALCAT), basophil activation flow cytometry testing and in-vitro testing of IgG, IgA, IgM, and/or IgD when billed for signs or symptoms of allergies or in vitro allergen testing using bead-based epitope assays. - This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026. *Prior communications indicated testing limit up to 20 per year. This has been increased to 29.	November 01, 2026
Allergen Testing Policy, Professional and Facility	Kentucky New Mexico Pennsylvania Tennessee	Effective for dates of service on or after December 1, 2026, UnitedHealthcare will implement the new Allergen Testing Policy, Professional and Facility. The new policy will:	December 01, 2026

Reminder		• Not consider reimbursement of in vitro serum IgE testing of individuals 20 years of age or older for moderate to severe asthma or signs or symptoms of allergic bronchopulmonary aspergillosis. • Limit frequency of specific IgE in vitro allergy testing to up to 29* allergen specific antibodies per year for individuals 20 years of age or older. • Not consider reimbursement of antigen leukocyte antibody testing (ALCAT), basophil activation flow cytometry testing and in-vitro testing of IgG, IgA, IgM, and/or IgD when billed for signs or symptoms of allergies or in vitro allergen testing using bead-based epitope assays. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026. *Prior communications indicated testing limit up to 20 per year. This has been increased to 29.	
Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility Reminder	Colorado Florida Hawaii Michigan New York Rhode Island	Effective for dates of service on or after October 1, 2026, UnitedHealthcare will implement the new Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility. The new policy will: • Limit frequency of multianalyte assay testing to once every six months to distinguish hepatic cirrhosis from non-cirrhosis for individuals with hepatitis b, hepatitis c, metabolic dysfunction-associated steatotic liver disease (MASLD) (including metabolic dysfunction-associated steatohepatitis [MASH]) or alcoholic hepatitis. • Not consider reimbursement of certain other multianalyte assays.	October 01, 2026

		This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	
Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility Reminder	Kansas Kentucky New Mexico	Effective for dates of service on or after November 1, 2026, UnitedHealthcare will implement the new Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility. The new policy will: - Limit frequency of multianalyte assay testing to once every six months to distinguish hepatic cirrhosis from non-cirrhosis for individuals with hepatitis b, hepatitis c, metabolic dysfunction-associated steatotic liver disease (MASLD) (including metabolic dysfunction-associated steatohepatitis [MASH]) or alcoholic hepatitis. - Not consider reimbursement of certain other multianalyte assays. - This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	November 01, 2026
Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility Reminder	Pennsylvania Tennessee	Effective for dates of service on or after December 1, 2026, UnitedHealthcare will implement the new Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility. The new policy will: - Limit frequency of multianalyte assay testing to once every six months to distinguish hepatic cirrhosis from non-cirrhosis for individuals with hepatitis b, hepatitis c, metabolic dysfunction-associated steatotic liver disease (MASLD) (including metabolic dysfunction-associated steatohepatitis [MASH]) or alcoholic hepatitis. - Not consider reimbursement of certain other multianalyte assays.	December 01, 2026

		This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	
Vitamin B12 Testing Policy, Professional and Facility Reminder	Michigan	Effective for dates of service on or after October 1, 2026, UnitedHealthcare will implement the new Vitamin B12 Testing Policy, Professional and Facility The new policy will: • Limit frequency of total vitamin B12 testing to once every three months. • Consider reimbursement of homocysteine testing for vitamin B12 deficiency. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	October 01, 2026
Vitamin B12 Testing Policy, Professional and Facility Reminder	Colorado Florida Kansas Kentucky New Mexico Pennsylvania Rhode Island Tennessee Wisconsin	Effective for dates of service on or after December 1, 2026, UnitedHealthcare will implement the new Vitamin B12 Testing Policy, Professional and Facility The new policy will: • Limit frequency of total vitamin B12 testing to once every three months. • Consider reimbursement of homocysteine testing for vitamin B12 deficiency. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	December 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Allergen Testing Policy, Professional and Facility	Colorado Florida Hawaii Idaho Kansas Kentucky Michigan New York New Mexico Pennsylvania Rhode Island Tennessee	- On July 1, 2026, UnitedHealthcare announced that effective for dates of service on or after October 1, 2026, UnitedHealthcare would implement the new Allergen Testing Policy, Professional and Facility which included that reimbursement of specific IgE in vitro testing would only be considered for up to 20 allergen specific antibodies per year for individuals 20 years of age or older. - Effective for dates of service on or after October 1, 2026, UnitedHealthcare has expanded the consideration for reimbursement of specific IgE in vitro allergy testing from 20 to 29 allergen specific antibodies per year for individuals 20 years of age or older.	October 01, 2026
Ambulance Policy, Professional	Pennsylvania	- Effective for dates of service on or after October 1, 2026, UnitedHealthcare will enhance the new Ambulance Policy, Professional. - In alignment with CMS, ambulance services to and from an originating facility to another facility for services such as diagnostic tests or specialty treatment will not be reimbursed if the date(s) of service overlap with an inpatient stay. The date span criteria will exclude the date of admission and discharge.	October 1, 2026
Diagnosis Code Requirement Policy, Professional and Facility	Kentucky	In the January 2024, Reimbursement Policy Update Bulletin, UnitedHealthcare Community and State 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 the existing ICD-10-CM guidelines. As part of that notification UnitedHealthcare Community and State emphasized adherence by all providers to	December 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
		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 congenital form verses an acquired form of the same condition. All providers must ensure compliance with Excludes 1 guidelines when submitting any type of claim. - UnitedHealthcare Community and State will begin enforcing the application of Excludes 1 guidelines across all claim types effective December 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.	
Home Health Services Policy, Professional	Kentucky	- Effective for dates of service on or after December 01, 2026, UnitedHealthcare Community Plan will implement the new Home Health Services Professional Policy. - In alignment with CMS, home health services billed in place of service 12 will not be reimbursed if the dates of service overlap with an inpatient stay. The date span Criteria will exclude the date of admission and discharge.	December 01, 2026
Hospital Inclusive Charges Policy, Facility	Kentucky	Effective for dates of service on or after December 01, 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	December 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
		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. - 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	Maryland	Effective for dates of service on or after December 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.	December 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
		- 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%.	
Global Days Policy, Professional	Massachusetts	- Effective for dates of service on or after November 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	November 01, 2026

		to the National Physician Fee Schedule (anywhere between 60-84%), instead of at the highest intraoperative percentage given by CMS of 84%.	
Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Policy, Professional	Wisconsin	- Effective for dates of service on or after November 1, 2026, UnitedHealthcare Wisconsin Community Plan will implement 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.	November 1, 2026
Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services, Professional	Wisconsin	- Effective for dates of service on or after November 01, 2026, UnitedHealthcare Wisconsin Community Plan will implement endoscopy reductions in the Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services, Professional - Multiple Procedure Indicator 3 - Special rules for multiple endoscopic procedures apply if procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure). - For endoscopy codes CMS applies special adjustment rules when multiple endoscopic procedures from the same family (same Endoscopic Base Code) are reported on the same day. CMS allows the full Allowable Amount for the highest valued endoscopy code	November 1, 2026

		in the family and allows any additional endoscopy codes in the same family at a reduced amount based on the value of the NPFS designated Endoscopic Base Code. To further align with CMS, effective with dates of service 11/1/2026, UnitedHealthcare will apply CMS multiple Endoscopic Adjustment Rules when related endoscopic procedures (within the same family) are performed on the same day. If billed on the same day as other procedures that are subject to multiple procedure reduction, endoscopy codes may be subject to both endoscopic and multiple procedure reduction.	
Multiple Procedure Payment Reduction (MPPR) for Diagnostic Cardiovascular and Ophthalmology Procedures Policy, Professional	Wisconsin	- Effective for dates of service on or after November 1, 2026, UnitedHealthcare Wisconsin Community Plan will implement the Multiple Procedure Payment Reduction (MPPR) for Diagnostic Cardiovascular and Ophthalmology Procedures Policy, Professional. - UnitedHealthcare Community Plan has adopted CMS guidelines that when multiple Diagnostic Cardiovascular Procedures or Diagnostic Ophthalmology Procedures are performed on the same day, most of the clinical labor activities are not performed or furnished twice. Specifically, UnitedHealthcare Community Plan considers that the following clinical labor activities, among others, are not duplicated for subsequent procedures: - Greeting the patient. - Positioning and escorting the patient. - Providing education and obtaining consent. - Retrieving prior exams. - Setting up the IV. - Preparing and cleaning the room. - Payment at 100% for secondary and subsequent procedures would represent reimbursement for duplicative components of the primary procedure.	November 1, 2026

		• CMS assigns Multiple Procedure Indicators (MPI) on the National Physician Fee Schedule (NPFS) to procedures that are subject to the MPPR Policy. The codes with the following CMS multiple procedure indicators are addressed within this reimbursement policy: ○ Multiple Procedure Indicator 6 - Diagnostic Cardiovascular Procedures ○ Multiple Procedure Indicator 7 - Diagnostic Ophthalmology Procedures • Aligning with CMS, UnitedHealthcare Community Plan independently ranks and applies reductions to the secondary and subsequent Technical Component(s) (TC) of multiple Diagnostic Ophthalmology Procedures as described in the Reimbursement Guidelines section within the policy. • Also aligning with CMS, UnitedHealthcare Community Plan independently ranks and applies reductions to the secondary and subsequent Technical Component(s) (TC) of multiple Diagnostic Cardiovascular Procedures as described in the Reimbursement Guidelines section within the policy.	
Obstetrical Policy, Professional	All	• At the time of publication, CMS has proposed maternity care reporting changes that are expected to be finalized November 2026. UnitedHealthcare will review the final CMS guidance and implement any applicable CMS requirements effective Jan. 1, 2027. If the final CMS rule differs from the approach described below, UnitedHealthcare reserves the right to revise this guidance to align with CMS requirements. • If CMS finalizes its proposed 2027 maternity HCPCS G-codes, providers should report maternity services using the applicable CMS-designated HCPCS G-codes. • If the CMS proposal is not finalized, effective Jan. 1, 2027, CPT® maternity care services will transition from global obstetric reporting to phase-based reporting, including antepartum, labor management, delivery, and postpartum care. Pregnancies spanning the 2026-2027 transition period should be reported as follows: Services rendered on or before Dec. 31, 2026, should be reported in accordance with CPT® 2026 guidelines, including CPT® 59425, 59426, or applicable E/M services.	January 1, 2027

		- Services rendered on or after Jan. 1, 2027, should be reported using the appropriate E/M code. Antepartum-only global obstetric CPT® codes will no longer apply to services rendered in 2027 and beyond. - Coverage, reimbursement, and claims adjudication remain subject to applicable benefit plans, medical necessity criteria, and claims submission requirements. This communication provides reporting guidance only and does not modify benefits or coverage. - Additional Resources: - Providers are encouraged to review the AMA CPT® 2027 Maternity Care Services educational materials for additional detail on phase-based reporting and implementation considerations (CPT Maternity Care Services Education Brief: Antepartum Transition Reporting AMA).	
Outpatient Medical Visits and Trauma Activation, Facility	Nebraska	- The Outpatient Medical Visits and Trauma Activation Policy will be effective for dates of service on or after December 1, 2026. - UnitedHealthcare Community Plan will align with CMS by creating a policy to address Outpatient Medical Visits and Trauma Activation HCPCS code G0390. - When distinct and independent medical visits occur on the same date of service under the same revenue code condition code G0 must be submitted. Multiple visits meeting these criteria that are submitted without condition code G0 are not separately reimbursable. - A separately identifiable status indicator V evaluation and management (E/M) code can be submitted on the same date of service as a procedure that has a status indicator of S or T if a modifier is appropriately applied. In these circumstances it would be appropriate to append modifier 25 to the E/M code to indicate the E/M service performed was separate and distinct.	December 1, 2026

		○ Trauma activation is considered a one-time occurrence in association with critical care service. Therefore, only one unit of G0390 is reimbursable per date of service. • Trauma activation code G0390 can be submitted separately under revenue code 68X (068X) when provided on the same date of service as critical care service 99291.	
Preventive Medicine and Screening Policy, Professional	Kentucky	• The UnitedHealthcare Community Plan Preventive Medicine and Screening Policy will be enhanced effective with dates of service December 1, 2026 to apply a 50% reduction to an Evaluation and Management (E/M) service reported with modifier 25 when reported with a Preventive Medicine E/M service on the same day for the same patient by the same provider. • The adjustment considers expenses that overlap with Preventive Medicine practice expenses, which may include for example, supplies, equipment, and administrative overhead.	December 01, 2026
Procedure and Place of Service Policy, Professional	Kentucky	• Effective with dates of service on or after December 1, 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. • 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.	December 01, 2026
Vitamin D Testing Policy,	Kentucky	• Effective with dates of service on or after November 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	November 01, 2026

Professional - Reminder		Facility, will integrate the existing guidelines covered by the Vitamin D Testing Policy, Professional and apply it to both professional and facility claims. ○ 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.	
Vitamin D Testing Policy, Professional	Texas	• Effective with dates of service on or after November 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. ○ 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.	November 01, 2026

Code Update

Policy Title	State(s)	Summary of Changes	Effective Date
Reimbursement Policy Code Updates - Multiple Policies	Multiple	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	October 01, 2026

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		- 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: - Add-On Codes, Professional - After Hours and Weekend Care, Professional - Age to Diagnosis Code and Procedure Code Policy, Professional - Allergen Testing Policy, Professional and Facility - RTM - Anatomical Modifier Requirement Policy, Professional - Autoimmune Rheumatic Disease, Professional and Facility - RTM - Bone Turnover Marker Testing of Osteoporosis, Professional and Facility - RTM - CCI Editing, Professional - Chronic Heart Failure, Professional and Facility - RTM	

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		○ Clinical Diagnostic Lab, Professional ○ Contrast & Radiopharmaceutical Materials, Professional ○ Diabetes Mellitus Testing, Professional and Facility - RTM ○ Diabetic & Orthopedic Shoes, Professional ○ Diagnostic Testing for Inflammatory Bowel Disease, Professional and Facility - RTM ○ Diagnostic Testing for Influenza, Professional and Facility - RTM ○ DME, Orthotics and Prosthetics, Professional ○ Drug Testing Reimbursement Policy, Professional ○ Enzyme Testing for Acute Pancreatitis, Professional and Facility - RTM ○ Epithelial Cell Cytology, Professional and Facility - RTM ○ Fecal Calprotectin Testing, Professional and Facility - RTM ○ Flow Cytometry, Professional and Facility - RTM ○ From - To Date, Professional ○ Gender to Procedure and Diagnosis, Professional ○ Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility - RTM ○ Homocysteine Testing for Metabolism, Professional and Facility - RTM ○ Immune Cell Function Assay, Professional and Facility - RTM ○ In Vitro Chemotherapy Assays, Professional and Facility - RTM	

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		- Intestinal Dysbiosis and Fecal Microbiota Transplant Testing, Pro and Facility - RTM - Intracellular Micronutrient Analysis, Professional and Facility - RTM - 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 - Modifier Reference, Professional - National Drug Code (NDC) Requirement Policy, Professional and Facility - NJ Drug Testing Policy, Professional and Facility - Non-Covered and Covered Codes Policy, Facility - Non-Covered and Covered Codes Policy, Professional - Nonphysician Health Care Professionals Billing E/M Codes, Professional - Onychomycosis Testing, Professional and Facility - RTM - Preventive Medicine and Screening, Professional - Procedure and Place of Service, Professional - Procedure to Modifier, Professional - Readmission, Facility - Reduced Services (Mod 52), Professional	

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		- Revenue Codes Requiring Procedure Codes, Facility - Services and Modifiers Not Reimbursable to Health care Professionals Policy, Professional - Services by Residents, Interns and Medical Students Policy, Professional - Supply Policy, Professional - Telehealth/Virtual Health Policy, Professional and Facility - Testosterone Policy, Professional and Facility - RTM - Unlisted Services Policy, Professional - Vaccines For Children Policy, Professional - Vitamin B12 Testing Policy, Professional and Facility - RTM	

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](#).