United Healthcare

UnitedHealthcare Community Plan

Reimbursement Policy Update Bulletin: September 2026

New			
Policy Title	**State(s)**	**Policy summary**	**Effective Date**
NJ Drug Testing Policy, Professional and Facility	New Jersey	• Effective July 1, 2026, UnitedHealthcare Community Plan will implement the NJ Drug Testing Policy, Professional and Facility • This policy defines the limits for presumptive CPT® codes (80305, 80306 and 80307) and definitive drug testing HCPCS codes (G0480 and G0481) and addresses Specimen Validity Testing (84311, 83986, 82570, 83789, 84315).	July 01, 2026
Iron Homeostasis and Metabolism Policy, Professional and Facility **Reminder**	Tennessee	• Effective for dates of service on or after September 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.	September 01, 2026
Diagnostic Testing for Influenza Policy, Professional and Facility	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.	October 01, 2026

New			
Reminder		• 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.	
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 Borrelia burgdorferi. • 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 **First Notification**	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 Borrelia burgdorferi. • 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

New			
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 **First Notification**	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. • 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.	December 01, 2026
Fecal Calprotectin Testing Policy,	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

New			
Professional and Facility **Reminder**		• 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 **First Notification**	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

New			
Autoimmune Rheumatic Disease Policy, Professional and Facility **First Notification**	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 **Reminder**	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. • 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.	October 01, 2026
Chronic Heart Failure Policy,	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.	November 01, 2026

New			
Professional and Facility **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, uhcprovider.com, on February 2, 2026.	
Epithelial Cell Cytology Policy, Professional and Facility **Reminder**	Rhode Island	• Effective for dates of service on or after September 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.	September 01, 2026
Homocysteine Testing for Metabolism Policy, Professional and Facility **First Notification**	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. • 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.	December 01, 2026
Diagnostic Testing for Inflammatory	North Carolina	• Effective for dates of service on or after September 1, 2026, UnitedHealthcare Community Plan will implement the Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility.	September 01, 2026

New			
Bowel Disease Policy, Professional and Facility **Reminder**		• 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.	
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.	November 01, 2026

New			
		• This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	
In Vitro Chemotherapy Assays Policy, Professional and Facility **First Notification**	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. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	December 01, 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.	October 01, 2026

New			
		• 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. • 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.	November 01, 2026

New			
		• 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. • 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 **First Notification**	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	December 01, 2026

New			
		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. • 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	Colorado Florida Hawaii Michigan	Effective for dates of service on or after October 1, 2026, UnitedHealthcare will implement the new Allergen Testing Policy, Professional and Facility. The new policy will:	October 01, 2026

New			
Reminder	New York Rhode Island	• 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 twenty 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.	
Allergen Testing Policy, Professional and Facility **Reminder**	Idaho Kansas	Effective for dates of service on or after November 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 twenty 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	November 01, 2026

New			
		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.	
Allergen Testing Policy, Professional and Facility **First Notification**	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: • 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 twenty 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.	December 01, 2026
Hepatic Fibrosis Testing for Chronic Liver Disease Policy,	Colorado Florida Hawaii Michigan	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:	October 01, 2026

New			
Professional and Facility **Reminder**	New York Rhode Island	• 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.	
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,	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:	December 01, 2026

New			
Professional and Facility **First Notification**		• 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.	
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 **First Notification**	Colorado Florida Kansas Kentucky New Mexico Pennsylvania Rhode Island	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.	December 01, 2026

New			
	Tennessee Wisconsin	• 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.	

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**

Anatomical Modifier Requirement Policy, Professional-Reminder	Nebraska	Effective with dates of service on or after October 1, 2026, UnitedHealthcare will enhance the Anatomical Modifier Requirement Policy, Professional to align with the Center for Medicare and Medicaid Services (CMS) requirement that the appropriate laterality and/or anatomical modifiers be applied to surgical and radiological codes.
		• Surgical Codes (10000-69999 Series)
		  ○ For codes related to a specific digit, the correct anatomical or laterality modifier must be used (FA, F1-F9, TA, T1-T9, LT, RT, 50).
		  ○ For codes not related to a specific digit, the appropriate laterality modifier (LT, RT, 50) must be used when applicable.
		• Radiological Codes (70000 Series)
		  ○ For codes related to a specific digit, the correct anatomical or laterality modifier must be used (FA, F1-F9, TA, T1-T9, LT, RT, 50).
		  ○ For codes not related to a specific digit, the appropriate laterality modifier (LT, RT, 50) must be used when applicable.
			October 1, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		• Modifiers play a critical role in medical coding by enhancing clarity and specificity. Submitting the appropriate modifiers to specify the exact area of the body where a procedure was performed helps eliminate the concern of duplicate billing and/or unbundling and helps ensure accurate reimbursement for the services rendered.	
Anesthesia Policy, Professional	Nebraska	In alignment with CMS, UnitedHealthcare Community Plan will update the Anesthesia Policy, Professional. Effective for claims with dates of service from November 1, 2024, and forward, additional base units for qualifying circumstances codes 99100, 99116, 99135 and 99140 will no longer be included in reimbursement.	October 01, 2026
CCI Editing Policy, Professional and Facility	Indiana	Effective for dates of service on or after October 01, 2026, UnitedHealthcare Community Plan will align with The Centers for Medicare and Medicaid (CMS) by enhancing the existing CCI Editing, Professional and Facility policy to support claim line denials when there are two shoulder arthroscopic procedures performed on the same shoulder. • In accordance with CMS National Correct Coding Initiative (NCCI) CPT codes 29805-29828 Procedure to Procedure (PTP) edit code pairs consisting of two codes describing two shoulder arthroscopy procedures performed on the same shoulder will not be considered for separate reimbursement regardless if the code is appended with an NCCI PTP associated modifier. This includes the use of modifier 59. • PTP edit code pairs will be considered for separate reimbursement when performed on opposite shoulders and when appended with an appropriate NCCI PTP associated modifier. • There are three exceptions which are described in Chapter IV, Section E (Arthroscopy), Subsection 7 of the NCCI manual. The following CPT codes will be considered for	October 01, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		separate reimbursement when submitted in addition to code 29823 if extensive debridement is completed in a different area of the same shoulder. ○ 29824 (Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) ○ 29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair) ○ 29828 (Arthroscopy, shoulder, surgical, biceps, tenodesis.	
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 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.	December 01, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		• 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.	
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 to the National Physician Fee Schedule (anywhere between 60-84%), instead of at the highest intraoperative percentage given by CMS of 84%.	November 01, 2026
Global Days Policy, Professional	Colorado Missouri Pennsylvania Texas Washington D.C.	• Effective for dates of service on or after October 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.	October 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	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. • 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.	December 01, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		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%.	
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 th4e 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 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	December 01, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		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.	
Molecular Pathology Policy, Professional and Facility - Reminder	Nebraska	• Effective with dates of service on or after October 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. • 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.	October 01, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		• 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.	
MPPR for Diagnostic Imaging Policy, Professional	Texas	• Effective with dates of service on or after October 01, 2026, UnitedHealthcare will enhance the Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Policy, Professional. • UnitedHealthcare will apply a reduction to certain ultrasound CPT codes with an MPPR Status Indicator of ”0” to provide consistency with similar ultrasound codes with an assigned MPPR Status Indicator of “4”. • For these CPT codes with an MPPR Status Indicator of “0”,this will result in a 50% reduction for the technical component (TC) and 5% reduction for the professional component (PC) of secondary and subsequent ultrasound imaging procedures when provided to the same patient in the same session on the same date of service by the same or different physician in the same group, consistent with what currently occurs for CPT codes with an MPPR status indicator of “4”.. • When appropriate, a modifier may be appended to the additional ultrasound procedures to indicate they were performed on the same date of service during a separate session.	October 01, 2026
Radiation Therapy – Dosimetry, Simulation/Devices and Management	Nebraska	• Effective for dates of service on or after October 1, 2026, UnitedHealthcare will implement the new Radiation Therapy – Dosimetry, Simulation/Devices and Management Policy, Professional and Facility. • Radiation therapy dosimetry, simulation, and management services, identified with select CPT® codes, will have unit limitations during a 90-day episode of care, as noted	October 01, 2026

Revised

Policy Title	State(s)	Summary of Changes	Effective Date
Policy, Professional and Facility-Reminder		below. Units billed in excess of the reimbursable units will not be considered for reimbursement. • These limits apply only to codes for the dosimetry, simulation, and management aspect of radiation therapy treatment planning and not to radiation therapy treatment itself. **Procedure Code / Reimbursable Units / Descriptions / Treatment Description** 77280 / 4 / Therapeutic radiology simulation-aided field setting; simple / Simulation 77285 / 2 / Therapeutic radiology simulation-aided field setting; intermediate / Simulation 77290 / 3 / Therapeutic radiology simulation-aided field setting; complex / Simulation 77295 / 2 / 3-dimensional radiotherapy plan, including dose-volume histograms / 3-D Radiotherapy 77300 / 10 / Basic radiation dosimetry calculation / Basic Dosimetry 77301 / 5 / Intensity modulated radiotherapy plan, including dose-volume histograms / IMRT Dose Planning 77332 / 10 / Treatment devices, design and construction; simple / Treatment Devices 77333 / 10 / Treatment devices, design and construction; intermediate / Treatment Devices 77334 / 10 / Treatment devices, design and construction; complex / Treatment Devices 77338 / 5 / Multi-leaf collimator (MLC) design and construction per IMRT plan / MLT Device for IMRT 77427 / 9 / Radiation treatment management, 5 treatments / Radiation Therapy Treatment Mgmt 77431 / 1 / Radiation therapy management with complete course of therapy / Radiation Therapy Treatment Mgmt 77435 / 1 / Stereotactic body radiation therapy, treatment management / Radiation Therapy Treatment Mgmt A 90-day episode of care begins when one of the therapeutic radiology treatment planning CPT® codes (77261, 77262, and 77263) are billed. A new episode of care begins again if a radiation treatment planning code is submitted before the previous 90-day episode of care ends.	
Preventive Medicine and Screening Policy, Professional	Kentucky	• The UnitedHealthcare Community Plan Preventative Medicine and Screening Policy will be enhanced effective with dates of service 12/01/2026 to apply a 50% reduction to an Evaluation and Management (E/M) service reported with modifier 25 when reported with a Preventative Medicine E/M service on the same day for the same patient by the same provider.	December 01, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		• The adjustment considers expenses that overlap with Preventative Medicine practice expenses, which may include for example, supplies, equipment, and administrative overhead.	
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
Radiation Therapy – Dosimetry, Simulation/Devices and Management Policy, Professional and Facility- Reminder	Nebraska	• Effective for dates of service on or after October 1, 2026, UnitedHealthcare will implement the new Radiation Therapy – Dosimetry, Simulation/Devices and Management Policy, Professional and Facility. • Radiation therapy dosimetry, simulation, and management services, identified with select CPT® codes, will have unit limitations during a 90-day episode of care, as noted below. Units billed in excess of the reimbursable units will not be considered for reimbursement. • These limits apply only to codes for the dosimetry, simulation, and management aspect of radiation therapy treatment planning and not to radiation therapy treatment itself.	October 01, 2026

United Healthcare

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		<table><tr><th>Procedure Code</th><th>Reimbursable Units</th><th>Descriptions</th><th>Treatment Description</th></tr><tr><td>77280</td><td>4</td><td>Therapeutic radiology simulation-aided field setting; simple</td><td>Simulation</td></tr><tr><td>77285</td><td>2</td><td>Therapeutic radiology simulation-aided field setting; intermediate</td><td>Simulation</td></tr><tr><td>77290</td><td>3</td><td>Therapeutic radiology simulation-aided field setting; complex</td><td>Simulation</td></tr><tr><td>77295</td><td>2</td><td>3-dimensional radiotherapy plan, including dose-volume histograms</td><td>3-D Radiotherapy</td></tr><tr><td>77300</td><td>10</td><td>Basic radiation dosimetry calculation</td><td>Basic Dosimetry</td></tr><tr><td>77301</td><td>5</td><td>Intensity modulated radiotherapy plan, including dose-volume histograms</td><td>IMRT Dose Planning</td></tr><tr><td>77332</td><td>10</td><td>Treatment devices, design and construction; simple</td><td>Treatment Devices</td></tr><tr><td>77333</td><td>10</td><td>Treatment devices, design and construction; intermediate</td><td>Treatment Devices</td></tr><tr><td>77334</td><td>10</td><td>Treatment devices, design and construction; complex</td><td>Treatment Devices</td></tr><tr><td>77338</td><td>5</td><td>Multi-leaf collimator (MLC) design and construction per IMRT plan</td><td>MLT Device for IMRT</td></tr><tr><td>77427</td><td>9</td><td>Radiation treatment management, 5 treatments</td><td>Radiation Therapy Treatment Mgmt</td></tr><tr><td>77431</td><td>1</td><td>Radiation therapy management with complete course of therapy</td><td>Radiation Therapy Treatment Mgmt</td></tr><tr><td>77435</td><td>1</td><td>Stereotactic body radiation therapy, treatment management</td><td>Radiation Therapy Treatment Mgmt</td></tr></table> A 90-day episode of care begins when one of the therapeutic radiology treatment planning CPT® codes (77261, 77262, and 77263) are billed. A new episode of care begins again if a radiation treatment planning code is submitted before the previous 90-day episode of care ends.	
Rebundling Policy, Professional-Reminder	Nebraska	• Effective with dates of service on or after October 1, 2026, HCPCS code G2211 will be included within the UnitedHealthcare Community Plan Rebundling Policy, Professional. • UnitedHealthcare's Community Plan reimbursement for the services associated with G2211 is included in its reimbursement for outpatient evaluation and management services and therefor G2211 is not separately reimbursable.	October 01, 2026
Rebundling Policy, Professional-Reminder	Nebraska	• Effective with dates of service on or after October 01, 2026, HCPCS code G0545 will be included within the UnitedHealthcare Community Plan Rebundling Policy, Professional.	October 01, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		• UnitedHealthcare's Community Plan reimbursement for the services associated with G0545 is included in its reimbursement for outpatient evaluation and management services and therefor G0545 is not separately reimbursable.	
Same Day Same Service Policy Professional	Nebraska	• Effective with dates of service on or after October 01, 2026, UnitedHealthcare Community Plan will update the Same Day Same Service Policy, Professional. • The policy will be enhanced to account for the following: o Same Specialty Physician or Other Qualified Health Care Professional Physicians and/or Other Qualified Healthcare Professionals of the same group and same specialty reporting the same federal Tax Identification Number. For qualified health care professionals United may, at times, identify same specialty by related taxonomy codes. o Same Individual Physician or Other Qualified Health Care Professional The same individual rendering health care services, reporting the same National Provider Identifier (NPI). o Taxonomy Code • A taxonomy code is a unique 10-character code that designates your classification and specialization. To find the taxonomy code that most closely describes your provider type, classification, or specialization, use the National Uniform Claim Committee (NUCC) code set list.	October 01, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
Vitamin D Testing Policy, Professional - Reminder	Tennessee	• Effective with dates of service on or after October 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.	October 01, 2026
Vitamin D Testing Policy, Professional - Reminder	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 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 • 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: o Age to Diagnosis Code and Procedure Code Policy, Professional o Ambulance Services, Professional o Autoimmune Rheumatic Disease, Professional and Facility - RTM o B Bundle, Professional o Bilateral Procedures, Facility o Bone Turnover Marker Testing of Osteoporosis, Professional and Facility - RTM o Chronic Heart Failure, Professional and Facility - RTM o Clinical Diagnostic Lab, Professional o Device and Skin Substitute Policy, Facility	September 01, 2026

Code Update			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		○ Diabetes Mellitus Testing, Professional and Facility - RTM ○ Diagnostic Testing for Influenza, Professional and Facility - RTM ○ 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 ○ Gender to Procedure and Diagnosis, Professional ○ Global Days, Professional ○ Home Health Services, Professional ○ Immune Cell Function Assay, Professional and Facility - RTM ○ Injection & Infusion Services, Professional ○ 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 ○ Lyme Disease Testing, Professional and Facility - RTM ○ Maximum Frequency per Day CPT, Professional ○ Maximum Frequency per Day HCPCS, Professional ○ Molecular Pathology, Professional and Facility ○ MPPR for Diagnostic Cardiovascular and Ophthalmology Procedures Policy, Professional ○ Non-Covered and Covered Codes Policy, Facility ○ Non-Covered and Covered Codes Policy, Professional ○ Nonphysician Health Care Professionals Billing E/M Codes, Professional ○ Once in a Lifetime, Professional ○ Onychomycosis Testing, Professional and Facility - RTM ○ Pediatric and Neonatal Critical and Intensive Care Services, Professional ○ Preventive Medicine and Screening, Professional ○ Procedure and Place of Service, Professional ○ Procedure to Modifier, Professional	

Code Update			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		○ Professional/Technical Component, Professional ○ Same Day/Same Service, Professional ○ Supply Policy, Professional ○ Telehealth/Virtual Health Policy, Professional and Facility ○ Time Span Codes Policy, Professional ○ Unlisted Services Policy, Professional ○ Vitamin D Testing, Professional and Facility	

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.