

## UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: March 2026

New		
Policy Title	Effective Date	Policy Summary
Vitamin D Testing Policy, Professional and Facility - Reminder	April 1, 2026	<ul style="list-style-type: none"> <li>Effective with dates of service on or after April 1, 2026, UnitedHealthcare will implement a new Vitamin D Testing Policy, Professional and Facility.</li> <li>The policy will consider Vitamin D testing for reimbursement when submitted with an appropriate ICD-10 diagnosis and corresponding Vitamin D procedure code. The applicable codes will be listed in the policy. Vitamin D tests that do not meet this criteria will be denied.</li> <li>Vitamin D tests that meet the above criteria will be reimbursed up to four tests per year.</li> </ul>
Routine Testing Management Policies – Professional and Facility - Reminder	April 1, 2026 for NC, NE and RI	<p>Effective for dates of service on or after April 1, 2026, UnitedHealthcare will implement new Routine Testing Management Policies, Professional and Facility. These new reimbursement policies apply to specific laboratory services, tests, and procedures. The policies are available for review on the UnitedHealthcare Website, <a href="http://uhcprovider.com">uhcprovider.com</a>.</p> <p>Effective April 1, 2026, UnitedHealthcare will apply automated post-service, pre-payment policy enforcement to claims reporting laboratory services performed in office, hospital outpatient, and independent laboratory locations. These policies will provide guidelines around the circumstances and frequency for which claims for these tests will be considered for reimbursement.</p> <p>Routine Testing Management Policies:</p> <ul style="list-style-type: none"> <li>- Flow Cytometry Policy, Professional and Facility</li> <li>- Diabetes Mellitus Testing Policy, Professional and Facility</li> <li>- Iron Homeostasis and Metabolism Policy, Professional and Facility</li> <li>- Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility</li> <li>- Prostate Biopsy Specimen Analysis Policy, Professional and Facility</li> <li>- Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility</li> <li>- Diagnostic Testing for Influenza Policy, Professional and Facility</li> <li>- Homocysteine Testing for Metabolism Policy, Professional and Facility</li> <li>- Lyme Disease Testing Policy, Professional and Facility</li> <li>- Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility</li> <li>- Fecal Calprotectin Testing Policy, Professional and Facility</li> <li>- Autoimmune Rheumatic Disease Policy, Professional and Facility</li> <li>- Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility</li> </ul>

		<ul style="list-style-type: none"> <li>- Onychomycosis Testing Policy, Professional and Facility</li> <li>- Immune Cell Function Assay Policy, Professional and Facility</li> <li>- Chronic Heart Failure Policy, Professional and Facility</li> <li>- Epithelial Cell Cytology Policy, Professional and Facility</li> <li>- Intracellular Micronutrient Analysis Policy, Professional and Facility</li> </ul>
<b>Revised</b>		
<b>Policy Title</b>	<b>Effective Date</b>	<b>Summary of Changes</b>
Professional/Technical Component Policy, Professional – Reminder	April 1, 2026	<ul style="list-style-type: none"> <li>• Effective for dates of service on or after April 1, 2026, UnitedHealthcare will enhance the Professional/Technical Component Policy, Professional. When a radiology service is rendered and the physician or other eligible qualified healthcare professional performs a review rather than the full written interpretation and report, the reimbursement for the professional component is considered included in the Evaluation and Management (E/M) service. This will occur whether the radiology service is billed globally or with modifier 26.</li> <li>• Effective October 1, 2024, the Professional/Technical Component Policy was enhanced so the interpretation of a radiology service appended with modifier 26 would not be considered for separate reimbursement when reported on the same date of service as an E/M service for the same patient by the same provider unless a copy of the radiology report was attached to support separate reimbursement.</li> <li>• With the current enhancement, when a global radiology code is billed on the same date of service as an E/M service for the same patient, by the same individual provider, the global radiology code's professional component will not be considered for separate reimbursement unless a copy of the radiology report is attached to support separate reimbursement. <ul style="list-style-type: none"> <li>○ For example, if an internal medicine provider bills for an E/M service and a global radiology service, the provider would need to submit the report for the professional component of the global radiology service to be considered for separate reimbursement.</li> </ul> </li> <li>• To help providers submit an interpretation report, a Smart Edit will be implemented which provides additional details regarding the process for submitting the full interpretation report.</li> </ul>
Global Days Policy, Professional	June 1, 2026	<ul style="list-style-type: none"> <li>• Effective for dates of service on or after June 1, 2026, UnitedHealthcare will align with The Centers for Medicare and Medicaid (CMS) by enhancing the existing Global Days Policy, Professional to align reimbursement with the CMS-designated intraoperative percentage for claims with modifier 78 appended.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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%.</li> </ul>

Code Updates		
Policy Title	Effective Date	Summary of Changes
Reimbursement Policy Code Updates – Multiple Policies	N/A	<p>In response to provider feedback and in an effort to provide more transparency, UnitedHealthcare is providing additional information regarding code updates that impact reimbursement policies. These updates are not changing the intent or the coding requirements of the policy, but reflect changes made to industry standard code sets.</p> <ul style="list-style-type: none"> <li>The following UnitedHealthcare policies have recently been updated to include code changes: <ul style="list-style-type: none"> <li>Add-On Codes, Professional</li> <li>Anatomical Modifier Requirement Policy, Professional</li> <li>Assistant-at-Surgery Services, Professional</li> <li>Device, Implant, and Skin Substitute Policy, Facility</li> <li>DME, Orthotics and Prosthetics, Professional</li> <li>MPPR for Medical and Surgical Services Policy, Professional</li> <li>Outpatient Hospital Add-On Codes, Facility</li> <li>Outpatient Hospital Observation Policy, Facility</li> <li>Preventive Medicine and Screening, Professional</li> <li>Procedure and Place of Service, Professional</li> <li>Supply Policy, Professional</li> <li>Time Span Codes Policy, Professional</li> </ul> </li> <li>Information regarding these code updates can be found in the history section which is located at the end of the posted policy.</li> <li>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.</li> <li>Code updates could include, for example, CPT, HCPCS, ICD-10, Modifiers, Revenue Codes, or other industry standard code sets.</li> <li>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.</li> </ul>

**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 Commercial Reimbursement Policies is available [UHCprovider.com](https://UHCprovider.com) > Coverage and payments > Policies and protocols > For Commercial Plans > [Reimbursement Policies for UnitedHealthcare Commercial Plans](#).