

## UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: September 2025

New		
Policy Title	Effective Date	Policy Summary
New Payment Reduction of Off Campus Provider Based Departments Billed with Modifier PO Policy, Facility - Reminder	Postponed, until further notice	<ul style="list-style-type: none"> <li>On June 1, 2025, UnitedHealthcare announced that effective for dates of service on or after September 1, 2025, it will implement a new Payment Reduction of Off-Campus Provider-Based Departments Billed with Modifier PO Policy, Facility that will apply a 60% reduction when HCPCS code G0463 is reported with modifier PO. Implementation of that policy is being delayed until further notice, and will not take effect on September 1, 2025, as previously announced. UnitedHealthcare will provide notice of a new effective date prior to implementation in a future edition of the Network News.</li> </ul>
Routine Laboratory Testing Policies – Professional and Facility	December 1, 2025, for all states except AR, CO, KY, NC, NE, OH, and RI. We will issue a later notification for these states.	<p>Effective for dates of service on or after December 1, 2025, UnitedHealthcare will implement new Routine Laboratory Testing Policies, Professional and Facility.</p> <p>These new reimbursement policies apply to specific laboratory services, tests, and procedures. They will be available for review on the UnitedHealthcare website, <a href="https://uhcprovider.com">uhcprovider.com</a>, on September 8, 2025.</p> <p>Effective December 1, 2025, 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> <ul style="list-style-type: none"> <li>These policies will not apply to laboratory services, tests, and procedures provided in emergency rooms, hospital observation units, and hospital inpatient settings.</li> </ul> <p>List of laboratory testing services that will be addressed in the new policies:</p> <ul style="list-style-type: none"> <li>Flow Cytometry</li> <li>Diabetes Mellitus Testing (A1c)</li> <li>Diagnostic Testing of Iron Homeostasis &amp; Metabolism</li> <li>Pancreatic Enzyme Testing for Acute Pancreatitis</li> <li>Prostate Biopsy Specimen Analysis</li> <li>Fecal Analysis in the Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant Testing</li> <li>Diagnostic Testing of Influenza</li> <li>Testing of Homocysteine Metabolism-Related Conditions</li> <li>Lyme Disease Testing</li> <li>Bone Turnover Markers Testing</li> <li>Fecal Calprotectin Testing in Adults</li> <li>Immune Cell Function Assay</li> </ul>

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		<ul style="list-style-type: none"> <li>- Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease</li> <li>- Onychomycosis Testing</li> <li>- Biomarker Testing for Autoimmune Rheumatic Disease</li> <li>- Biomarkers for MI and Chronic Heart Failure</li> <li>- Epithelial Cell Cytology in Breast Cancer Risk Assessment</li> <li>- Intracellular Micronutrient Analysis</li> </ul>
Revised		
Policy Title	Effective Date	Summary of Changes
Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Policy, Professional – Reminder	<p>November 1, 2025</p> <p>December 1, 2025, for Colorado, Rhode Island</p>	<ul style="list-style-type: none"> <li>• Effective with dates of service on or after November 1, 2025, UnitedHealthcare will enhance the Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Policy, Professional.</li> <li>• 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".</li> <li>• 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".</li> <li>• 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.</li> </ul>
Procedure and Place of Service Policy, Professional – Reminder	<p>November 1, 2025</p> <p>(December 1, 2025 for Colorado and Rhode Island)</p>	<ul style="list-style-type: none"> <li>• Effective with dates of service on or after November 1, 2025, UnitedHealthcare will enhance the Procedure and Place of Service Policy, Professional.</li> <li>• 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.</li> <li>• 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.</li> </ul>
Anesthesia Policy, Professional – Reminder	<p>October 1, 2025</p> <p>On or after November 1, 2025 for Colorado,</p>	<p>UnitedHealthcare is updating the anesthesia reimbursement calculations in its Anesthesia Policy, Professional – UnitedHealthcare Commercial Plans and Exchange to more precisely align reimbursement with the services rendered.</p> <p>We will be making updates to our anesthesia calculations as follows:</p>

Revised		
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	Kentucky, Rhode Island; and Ohio (for physical status modifiers & qualifying circumstances codes)	<ul style="list-style-type: none"> <li>Effective for dates of service on or after October 1, 2025, a 15% reduction in reimbursement will be applied to claims submitted for services rendered by a Certified Registered Nurse Anesthetist (CRNA) for personally performed anesthesia services when appended with the QZ modifier. This aligns the reimbursement methodology for CRNAs with other advanced practice providers. <ul style="list-style-type: none"> <li>As previously notified, providers in Arkansas, California, Colorado, Hawaii, Massachusetts, New Hampshire, and Wyoming will be excluded from this reduction.</li> <li>In addition, providers in Ohio will also be excluded from this reduction.</li> </ul> </li> <li>UnitedHealthcare will align with CMS regarding the modifying units portion of the anesthesia calculation as follows: <ul style="list-style-type: none"> <li>To no longer include the units for physical status modifiers P3, P4 and P5 in the anesthesia reimbursement calculation. CMS uses these modifiers in anesthesia billing to classify a patient's health condition. Alignment with CMS will accommodate the physical status modifiers being reported as informational to document a patient's medical co-morbidities.</li> <li>To no longer include additional units for qualifying circumstances codes 99110, 99116, 99135 and 99140 in the anesthesia reimbursement calculation. CMS has assigned these codes a payment status of B in the National Physician Fee Schedule (NPFS) and considers them bundled services and therefore not separately reimbursed.</li> </ul> </li> <li>Appropriate modifiers should still be appended based on the services rendered.</li> </ul>
Assistant-at-Surgery Services Policy, Professional  Bilateral Procedures Policy, Professional  Co-Surgeon/Team Surgeon Policy, Professional  Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services Policy, Professional – Reminder	November 1, 2025	<ul style="list-style-type: none"> <li>Effective with dates of service on or after November 1, 2025, UnitedHealthcare will enhance multiple policies to accommodate the billing and consideration for reimbursement of HCPCS S codes.</li> <li>When applicable modifiers are appended to certain S codes, UHC will consider those S codes for reimbursement and apply the effect of those modifiers to the S codes as it does for comparable CPT or HCPCS codes.</li> <li>This change helps ensure accurate payment and that any applicable reductions are applied appropriately, whether an S code or its comparable CPT or HCPCS code is submitted.</li> <li>S codes that have a comparable CPT code(s) will be added to following professional reimbursement policies: <ul style="list-style-type: none"> <li>Assistant-at-Surgery Services Policy, Professional</li> <li>Bilateral Procedures Policy, Professional</li> <li>Co-Surgeon/Team Surgeon Policy, Professional</li> <li>Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services Policy, Professional</li> </ul> </li> <li>Additional S Codes may be added to the applicable reimbursement policies as codes are identified and as part of routine policy updates.</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>Device, Implant, and Skin Substitute Policy, Facility</li> <li>Maximum Frequency per Day, Professional</li> <li>Outpatient Hospital Add-On Codes, Facility</li> <li>Outpatient Hospital Observation Policy, Facility</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](#).