

UnitedHealthcare Individual Exchange/Individual and Family Plans Reimbursement Policy Update Bulletin: June 2025

New		
Policy Title	Effective Date	Summary of Changes
New Payment Reduction of Off-Campus Provider-Based Departments Billed with Modifier PO Policy, Facility	September 1, 2025	<ul style="list-style-type: none"> Effective for dates of service on or after September 1, 2025, UnitedHealthcare will implement the 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, in alignment with the Centers for Medicare and Medicaid Services (CMS). UnitedHealthcare will align with CMS and require that the HCPCS modifier PO be reported with outpatient hospital items and services in an off-campus provider-based department of a hospital. These departments are owned and operated by a single entity known as the "main provider." They can be located on the same campus as the main provider or off-campus. A facility outside of 250 yards (from the main provider) but, within 35 miles, is considered off campus. Consistent with CMS, reimbursement for G0463, when appropriately billed with modifier PO will be considered for reimbursement at 40% of the allowable amount. The policy does not apply to the following facility types: <ul style="list-style-type: none"> Services rendered in the Emergency Department Critical Access Hospitals Psychiatric, Rehabilitation, or Long-Term Care Hospitals or Hospital Units Hospitals located in Maryland, Puerto Rico or the U.S. territories Rural Sole Community Hospitals Indian Health Service hospitals

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"> The following UnitedHealthcare policies have recently been updated to include code changes: <ul style="list-style-type: none"> Anatomical Modifier Requirement Policy, Professional Device, Implant, and Skin Substitute Policy, Facility Maximum Frequency per Day, Professional National Drug Code (NDC) Requirement Policy, Professional and Facility Outpatient Hospital Observation Policy, Facility 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.

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 Individual & Family Plan Reimbursement Policies is available UHCprovider.com > Coverage and payments > Policies and protocols > For Individual Exchange Plans > [Exchanges-Reimbursement-Policies](#).