

UnitedHealthcare Individual Exchange/Individual and Family Plans Reimbursement Policy Update Bulletin: June 2026

New		
Policy Title	Effective Date	Summary of Changes
Routine Test Management – Allergen Testing Policy, Professional and Facility	9/1/2026, 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 September 1, 2026, UnitedHealthcare will implement the new Allergen Testing Policy, Professional and Facility.</p> <p>The new policy will:</p> <ul style="list-style-type: none"> 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. Consider reimbursement 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: <ul style="list-style-type: none"> 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, in vitro allergen testing using bead-based epitope assays, or qualitative specific IgE multi-allergen screen procedure code(s) that do not identify a specific allergen. <p>This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on June 8, 2026.</p>
Routine Test Management – Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility	9/1/2026, 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 September 1, 2026, UnitedHealthcare will implement the new Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility.</p> <p>The new policy will:</p> <ul style="list-style-type: none"> Consider reimbursement of multianalyte assay testing up 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. <p>This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on June 8, 2026.</p>

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Routine Test Management – In Vitro Chemotherapy Assays Policy, Professional and Facility	9/1/2026, 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 September 1, 2026, UnitedHealthcare will implement the new In Vitro Chemotherapy Assays Policy, Professional and Facility.</p> <p>The new policy will:</p> <ul style="list-style-type: none"> Not consider reimbursement of in vitro chemotherapy sensitive and resistance assays. <p>This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on June 8, 2026.</p>
Routine Test Management – Testosterone Policy, Professional and Facility	9/1/2026, 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 September 1, 2026, UnitedHealthcare will implement the new Testosterone Policy, Professional and Facility.</p> <p>The new policy will:</p> <ul style="list-style-type: none"> 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 of reimbursement under certain conditions. Consider reimbursement of serum free testosterone, sex hormone-binding globulin (SHBG), and/or albumin up 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. Consider reimbursement of serum estradiol up 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. <p>This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on June 8, 2026.</p>
Routine Test Management –	9/1/2026, for all states except AR, CO, KY, NC, NE, OH, and RI. We will	<p>Effective for dates of service on or after September 1, 2026, UnitedHealthcare will implement the new Vitamin B12 Testing Policy, Professional and Facility.</p> <p>The new policy will:</p>

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Vitamin B12 Testing Policy, Professional and Facility	issue a later notification for these states.	<ul style="list-style-type: none"> Consider reimbursement of total vitamin B12 testing up to once every three months. Consider reimbursement of homocysteine testing for vitamin B12 deficiency. <p>This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on June 8, 2026.</p>

Revised		
Policy Title	Effective Date	Summary of Changes
Preventive Medicine and Screening, Professional	9/1/2026	<ul style="list-style-type: none"> Effective for dates of service on or after September 1, 2026, HCPCS code S9443 will be included within Preventive Medicine and Screening Policy, Professional. In alignment with Centers for Medicare and Medicaid Services, (CMS) code S9443 will be considered for reimbursement when a claim is submitted listing the mother as the patient. Claims submitted for the code S9443 for an infant will not be considered for reimbursement. Code S9443 will be reimbursed for one session per date of service.

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"> Contrast & Radiopharmaceutical Materials, Professional Device and Skin Substitute Policy, Facility Maximum Frequency per Day, Professional Outpatient Hospital Add-On Codes, Facility Outpatient Hospital Observation Policy, Facility Professional/Technical Component, Professional Supply Policy, Professional 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		
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		<ul style="list-style-type: none"> 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](#).