

UnitedHealthcare Medicare Advantage Reimbursement Policy Update Bulletin: November 2025

New		
Policy Title	Effective Date	Policy Summary
Routine Laboratory Testing Policies – Professional and Facility Reminder	12/01/2025	<ul style="list-style-type: none"> Effective for dates of service on or after December 1, 2025, UnitedHealthcare will implement new Routine Laboratory Testing Policies, Professional and Facility. These new reimbursement policies apply to specific laboratory services, tests, and procedures. They will be available for review on the UnitedHealthcare website, uhcprovider.com, on September 8, 2025. 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. <ul style="list-style-type: none"> These policies will not apply to laboratory services, tests, and procedures provided in emergency rooms, hospital observation units, and hospital inpatient settings. <p>Routine Testing Management Policies:</p> <ul style="list-style-type: none"> - Flow Cytometry Policy, Professional and Facility - Diabetes Mellitus Testing Policy, Professional and Facility - Iron Homeostasis and Metabolism Policy, Professional and Facility - Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility - Prostate Biopsy Specimen Analysis Policy, Professional and Facility - Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility - Diagnostic Testing for Influenza Policy, Professional and Facility - Homocysteine Testing for Metabolism Policy, Professional and Facility - Lyme Disease Testing Policy, Professional and Facility - Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility - Fecal Calprotectin Testing Policy, Professional and Facility - Autoimmune Rheumatic Disease Policy, Professional and Facility - Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility - Onychomycosis Testing Policy, Professional and Facility - Immune Cell Function Assay Policy, Professional and Facility - Chronic Heart Failure Policy, Professional and Facility - Epithelial Cell Cytology Policy, Professional and Facility

New		
Policy Title	Effective Date	Policy Summary
		<ul style="list-style-type: none"> - Intracellular Micronutrient Analysis Policy, Professional and Facility - Cardiovascular Disease Risk Assessment Policy, Professional and Facility
Revised		
Policy Title	Effective Date	Summary of Changes
Anatomical Modifier Requirement Policy, Professional	February 01, 2026	<p>Effective with dates of service on or after February 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.</p> <ul style="list-style-type: none"> • 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. <p>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.</p>

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"> Intestinal Dysbiosis and Fecal Microbiota Transplant Testing, Pro and Facility Diagnostic Testing for Influenza, Professional and Facility Autoimmune Rheumatic Disease, Professional and Facility Epithelial Cell Cytology, Professional and Facility Intracellular Micronutrient Analysis, Professional and Facility Onychomycosis Testing, Professional and Facility Lyme Disease Testing, Professional and Facility Cardiovascular Disease Risk Assessment, Professional and Facility Prostate Biopsy Specimen Analysis, Professional and Facility Diagnostic Testing for Inflammatory Bowel Disease, Professional and Facility Enzyme Testing for Acute Pancreatitis, Professional and 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.

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 Medicare Advantage Reimbursement Policies is available UHCprovider.com > Policies and Protocols > Medicare-Advantage-Policies > [Medicare-Advantage-Reimbursement Policies](#).