

## UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: December 2025

New			
Policy Title	State(s)	Policy summary	Effective Date
Diabetes Mellitus Testing Policy, Professional and Facility-Reminder	Florida, Hawaii, Michigan, New Mexico, New York, North Carolina, Washington, Wisconsin	<ul style="list-style-type: none"> <li>Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Diabetes Mellitus Testing Policy, Professional and Facility.</li> <li>The new policy will limit reimbursement for hemoglobin A1c procedure codes 83036 and 83037 when billed for diabetes mellitus testing to once every three months.</li> <li>This new reimbursement Diabetes Mellitus Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, <a href="https://uhcprovider.com">uhcprovider.com</a>, on November 8, 2025.</li> </ul>	February 01, 2026
Iron Homeostasis and Metabolism Policy, Professional and Facility-Reminder	Hawaii, Massachusetts, Michigan, New Mexico, New York, North Carolina, Pennsylvania, Wisconsin	<ul style="list-style-type: none"> <li>Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Iron Homeostasis and Metabolism Policy, Professional and Facility.</li> <li>The new policy will not consider for reimbursement certain serum hepcidin testing procedure codes when billed for iron homeostasis and metabolism.</li> <li>This new reimbursement Iron Homeostasis and Metabolism Policy, Professional and Facility will be available for review on UnitedHealthcare website, <a href="https://uhcprovider.com">uhcprovider.com</a>, on November 8, 2025.</li> </ul>	February 01, 2026

Diagnostic Testing for Influenza Policy, Professional and Facility-Reminder	Hawaii, Michigan, New Mexico, North Carolina, Pennsylvania, Virginia, Wisconsin	<ul style="list-style-type: none"> <li>Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Diagnostic Testing for Influenza Policy, Professional and Facility.</li> <li>The new policy will consider for reimbursement influenza testing procedure codes only when billed for certain conditions and not consider for reimbursement viral culture and serologic testing procedure codes when billed for influenza.</li> <li>This new reimbursement Diagnostic Testing for Influenza Policy, Professional and Facility will be available for review on UnitedHealthcare website, <a href="https://uhcprovider.com">uhcprovider.com</a>, on November 8, 2025.</li> </ul>	February 01, 2026
Lyme Disease Testing Policy, Professional and Facility-Reminder	Florida, Hawaii, Michigan, New Mexico, North Carolina, Pennsylvania, Virginia, Wisconsin	<ul style="list-style-type: none"> <li>Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Lyme Disease Testing Policy, Professional and Facility.</li> <li>The new policy will consider for reimbursement serologic testing procedure codes for Lyme disease testing only when billed for certain conditions and not consider for reimbursement nucleic acid identification techniques (NAAT), direct or amplified probe, when billed for the detection of <i>Borrelia burgdorferi</i>.</li> <li>This new reimbursement Lyme Disease Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, <a href="https://uhcprovider.com">uhcprovider.com</a>, on November 8, 2025.</li> </ul>	February 01, 2026
Flow Cytometry Policy, Professional and Facility-Reminder	Florida, Hawaii, Michigan, New Mexico, North Carolina, Virginia, Wisconsin	<ul style="list-style-type: none"> <li>Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Flow Cytometry Policy, Professional and Facility.</li> <li>The new policy will consider reimbursement of flow cytometry immunophenotyping of cell surface marker procedure codes only when billed for certain conditions. In addition, it will limit the frequency of reimbursement of certain flow cytometry immunophenotyping of cell surface marker procedure codes to various limits and not consider for reimbursement flow cytometry-derived DNA content (DNA Index) or cell</li> </ul>	February 01, 2026

		<p>proliferative activity (S-phase fraction or % S-phase) when billed for prognostic or therapeutic purposes in the routine management of cancers.</p> <ul style="list-style-type: none"> <li>This new reimbursement Flow Cytometry Policy, Professional and Facility will be available for review on UnitedHealthcare website, <a href="https://uhcprovider.com">uhcprovider.com</a>, on November 8, 2025.</li> </ul>	
Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility-Reminder	Florida, Hawaii, Michigan, New Mexico, North Carolina, Wisconsin	<ul style="list-style-type: none"> <li>Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility.</li> <li>The new policy will consider reimbursement of certain serum lipase concentration procedure codes for the initial determination of acute pancreatitis when billed for certain conditions and limit the frequency of reimbursement to once per week.</li> <li>The new policy will also not consider for reimbursement urinary amylase concentration for the initial determination of acute pancreatitis for individuals presenting with signs and symptoms of acute pancreatitis; not consider for reimbursement serum or urine trypsin/trypsinogen/ TAP for the assessment, prognosis, and/or determination of acute pancreatitis; and not consider for reimbursement certain biomarker procedure codes for the assessment, prognosis, and/or determination of acute pancreatitis.</li> <li>This new reimbursement Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility will be available for review on UnitedHealthcare website, <a href="https://uhcprovider.com">uhcprovider.com</a>, on November 8, 2025.</li> </ul>	February 01, 2026
Prostate Biopsy Specimen Analysis Policy, Professional and Facility-Reminder	Florida, Hawaii, Michigan, New Mexico, North Carolina, Pennsylvania, Virginia,	<ul style="list-style-type: none"> <li>Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Prostate Biopsy Specimen Analysis Policy, Professional and Facility.</li> <li>The new policy will consider reimbursement of pathological examination of tissue obtained from a prostate biopsy involving up to twelve core extended samplings only when performed as a follow up to abnormal PSA results, the presence of a palpable</li> </ul>	February 01, 2026

	Wisconsin	<p>nodule on digital rectal examination, or suspicious radiologic findings and limit the reimbursement frequency of certain prostate needle biopsy procedure codes to once per date of service.</p> <ul style="list-style-type: none"> <li>This new reimbursement Prostate Biopsy Specimen Analysis Policy, Professional and Facility will be available for review on UnitedHealthcare website, <a href="https://uhcprovider.com">uhcprovider.com</a>, on November 8, 2025.</li> </ul>	
Fecal Calprotectin Testing Policy, Professional and Facility-Reminder	Florida, Michigan, New Mexico, North Carolina, Pennsylvania, Virginia, Wisconsin	<ul style="list-style-type: none"> <li>Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Fecal Calprotectin Testing Policy, Professional and Facility.</li> <li>The new policy will consider reimbursement for fecal calprotectin testing only when billed for certain conditions.</li> <li>This new reimbursement Fecal Calprotectin Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, <a href="https://uhcprovider.com">uhcprovider.com</a>, on November 8, 2025.</li> </ul>	February 01, 2026
CCI Editing Policy, Professional and Facility	Ohio	<ul style="list-style-type: none"> <li>Effective for dates of service on or after January 01, 2026, UnitedHealthcare Community Plan will align with The Centers for Medicare and Medicaid (CMS) by enhancing the existing CCI Editing, Professional and Facility policy to support claim line denials when there are two shoulder arthroscopic procedures performed on the same shoulder.</li> <li>In accordance with CMS National Correct Coding Initiative (NCCI) CPT codes 29805-29828 Procedure to Procedure (PTP) edit code pairs consisting of two codes describing two shoulder arthroscopy procedures performed on the same shoulder will not be considered for separate reimbursement regardless of if the code is appended with an NCCI PTP associated modifier. This includes the use of modifier 59.</li> <li>PTP edit code pairs will be considered for separate reimbursement when performed on opposite shoulders and when appended with an appropriate NCCI PTP associated modifier.</li> </ul>	January 01, 2026

		<ul style="list-style-type: none"> <li>There are three exceptions which are described in Chapter IV, Section E (Arthroscopy), Subsection 7 of the NCCI manual. The following CPT codes will be considered for separate reimbursement when submitted in addition to code 29823 if extensive debridement is completed in a different area of the same shoulder. <ul style="list-style-type: none"> <li>29824 (Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)</li> <li>29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair)</li> </ul> </li> <li>29828 (Arthroscopy, shoulder, surgical, biceps, tenodesis.</li> </ul>	
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Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Hospital Inclusive Charges Policy, Facility	Arizona	<ul style="list-style-type: none"> <li>Effective for dates of service on or after January 01, 2026, UnitedHealthcare will publish a new Hospital Inclusive Charges Policy, Facility that is in accordance with the Centers for Medicare and Medicaid Services' Provider Reimbursement Manual. This policy aims to provide guidelines on which items or services are not eligible for separate reimbursement during both inpatient and outpatient hospital visits.</li> <li>Certain categories of items and services are included within the overall room and board or facility fee charge for an inpatient or outpatient visit or otherwise bundled within services provided as part of the visit, and therefore are not considered separately reimbursable by UnitedHealthcare.</li> <li>Why did UnitedHealthcare publish this policy? UnitedHealthcare introduced the Hospital Inclusive Charges Policy to provide greater transparency into our process regarding items associated with certain inpatient and outpatient stays that aren't considered separately reimbursable. These items are already included within the room and board reimbursement or the reimbursement for an underlying procedure, as applicable.</li> <li>What should facilities expect to see differently?</li> </ul>	January 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
		Facilities already receive documentation requests to ensure reimbursements comply with policy requirements as part of our standard process. This will provide greater transparency into that process, which is used today in reviews and audits of claims paid on a percent of charge basis such as itemized bill reviews and hospital bill audits.	
Anatomical Modifier Requirement Policy, Professional - Reminder	Florida, Hawaii, Maryland, Massachusetts, Michigan, Missouri, New Mexico, New York, Rhode Island, Virginia, Washington, Washington DC, Wisconsin	<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"> <li>• Surgical Codes (10000-69999 Series) <ul style="list-style-type: none"> <li>○ 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).</li> <li>○ For codes not related to a specific digit, the appropriate laterality modifier (LT, RT, 50) must be used when applicable.</li> </ul> </li> <li>• Radiological Codes (70000 Series) <ul style="list-style-type: none"> <li>○ 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).</li> <li>○ For codes not related to a specific digit, the appropriate laterality modifier (LT, RT, 50) must be used when applicable.</li> </ul> </li> <li>• 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.</li> </ul>	February 01, 2026
Anatomical Modifier Requirement Policy, Professional	Pennsylvania	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.	February 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> <li>Surgical Codes (10000-69999 Series) <ul style="list-style-type: none"> <li>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).</li> <li>For codes not related to a specific digit, the appropriate laterality modifier (LT, RT, 50) must be used when applicable.</li> </ul> </li> <li>Radiological Codes (70000 Series) <ul style="list-style-type: none"> <li>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).</li> <li>For codes not related to a specific digit, the appropriate laterality modifier (LT, RT, 50) must be used when applicable.</li> </ul> </li> </ul> <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>	
Procedure and Place of Service Policy, Professional	Tennessee	<ul style="list-style-type: none"> <li>Effective with dates of service on or after February 01, 2026, 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> </ul> <p>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.</p>	February 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Rebundling Policy, Professional - Reminder	Tennessee	<ul style="list-style-type: none"> <li>Effective with dates of service on or after January 01, 2026, HCPCS code G0545 will be included within the UnitedHealthcare Community Plan Rebundling Policy, Professional</li> <li>UnitedHealthcare's Community Plan reimbursement for the services associated with G0545 is included in its reimbursement for outpatient evaluation and management services and therefor G0545 is not separately reimbursable</li> <li></li> </ul>	January 01, 2026
Rebundling Policy, Professional-Reminder	Texas	<ul style="list-style-type: none"> <li>Effective with dates of service on or after March 01, 2026, HCPCS code G0545 will be included within the UnitedHealthcare Community Plan Rebundling Policy, Professional</li> <li>UnitedHealthcare's Community Plan reimbursement for the services associated with G0545 is included in its reimbursement for outpatient evaluation and management services and therefor G0545 is not separately reimbursable</li> </ul>	March 01, 2026

Retired			
Policy Title	State(s)	Summary of Changes	Effective Date
Respiratory Viral Panel Testing Policy, Professional and Facility	Arizona, Colorado, Florida, Hawaii, Idaho, Indiana, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan,	Effective for dates of service on or after February 01, 2026; UnitedHealthcare Community Plan is retiring the existing Respiratory Viral Panel Testing Policy, Professional and Facility.	February 01, 2026



Retired			
Policy Title	State(s)	Summary of Changes	Effective Date
	Minnesota, Mississippi, Missouri, Nebraska, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Tennessee, Texas, Virginia, Washington, Washington DC, Wisconsin		

  

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
Reimbursement Policy Code Updates – Multiple Policies	Multiple	<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>Information regarding these code updates can be found in the history section which is located at the end of the posted policy.</li> </ul>	December 01, 2025

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> <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> <li>Check published policy to determine impact at the state level.</li> <li>The following UnitedHealthcare policies have recently been updated to include code changes: <ul style="list-style-type: none"> <li>Add-On Codes, Facility</li> <li>Add-On Codes, Professional</li> <li>Adjunct Professional Services</li> <li>Age to Diagnosis Code and Procedure Code Policy, Professional</li> <li>Ambulance Services, Professional</li> <li>Anesthesia, Professional</li> <li>Assistant-at-Surgery Services, Professional</li> <li>B Bundle, Professional</li> <li>Device, Implant, and Skin Substitute Policy, Facility</li> <li>Diabetes Mellitus Testing, Professional and Facility</li> <li>Diagnostic Testing for Influenza, Professional and Facility</li> <li>Drug Testing Reimbursement Policy, Professional</li> <li>Emergency Room Ancillary Services Policy, Facility</li> <li>Emergency Room Services: Florida, Facility</li> <li>Emergency Room Services: Nebraska, Facility</li> <li>Emergency Room Services: New Jersey, Facility</li> <li>Enzyme Testing for Acute Pancreatitis, Professional and Facility</li> </ul> </li> </ul>	

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> <li>• Fecal Calprotectin Testing Policy, Professional and Facility</li> <li>• Flow Cytometry, Professional and Facility</li> <li>• Gender to Procedure and Diagnosis, Professional</li> <li>• Hospital Inclusive Charges, Facility</li> <li>• Incontinence Supply, Professional</li> <li>• Iron Homeostasis &amp; Metabolism, Professional and Facility</li> <li>• Laboratory Services, Professional</li> <li>• Lyme Disease Testing, Professional and Facility</li> <li>• Maximum Frequency per Day CPT, Professional</li> <li>• Maximum Frequency per Day HCPCS, Professional</li> <li>• Medically Unlikely Edits (MUE), Professional and Facility</li> <li>• MPPR for Diagnostic Imaging Policy, Professional</li> <li>• New Jersey Early Elective Delivery, Professional &amp; Facility</li> <li>• Non-Covered and Covered Codes Policy, Facility</li> <li>• Non-Covered and Covered Codes Policy, Professional</li> <li>• Obstetrical Ultrasound, Professional</li> <li>• Outpatient Hospital Observation Policy, Facility</li> <li>• Procedure and Place of Service, Professional</li> <li>• Procedure to Modifier, Professional</li> <li>• Professional/Technical Component, Professional</li> <li>• Prostate Biopsy Specimen Analysis Policy, Professional and Facility</li> <li>• Rebundling, Professional</li> <li>• Replacement Codes Policy, Professional</li> <li>• Supply Policy, Professional</li> <li>• Telehealth/Virtual Health Policy, Professional and Facility</li> <li>• Vaccines For Children Policy, Professional</li> </ul>	



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 Community Plan Reimbursement Policies is available at [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Community Plan Policies > [Reimbursement Policies for Community Plan](#).

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