

UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: March 2026

New			
Policy Title	State(s)	Policy summary	Effective Date
Diabetes Mellitus Testing Policy, Professional and Facility Reminder	Colorado Pennsylvania Rhode Island	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the Diabetes Mellitus Testing Policy, Professional and Facility. The policy will limit reimbursement for hemoglobin A1c procedure codes 83036 and 83037 when billed for diabetes mellitus testing to once every three months. The Diabetes Mellitus Testing Policy, Professional and Facility has been available for review on UnitedHealthcare’s website, uhcprovider.com since November 8, 2025. 	May 01, 2026
Iron Homeostasis and Metabolism Policy, Professional and Facility Reminder	Colorado Rhode Island Washington	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the Iron Homeostasis and Metabolism Policy, Professional and Facility. The policy will not consider reimbursement of certain serum hepcidin testing procedure codes when billed for iron homeostasis and metabolism. The Iron Homeostasis and Metabolism Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025. 	May 01, 2026
Diagnostic Testing for Influenza Policy, Professional and Facility Reminder	Colorado New York Rhode Island	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the Diagnostic Testing for Influenza Policy, Professional and Facility. The policy will consider reimbursement of influenza testing procedure codes only when billed for certain conditions and not consider reimbursement of viral culture and serologic testing procedure codes when billed for influenza. 	May 01, 2026

		<ul style="list-style-type: none"> The Diagnostic Testing for Influenza Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025. 	
Lyme Disease Testing Policy, Professional and Facility Reminder	Colorado New York Rhode Island	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the Lyme Disease Testing Policy, Professional and Facility. The policy will consider reimbursement of serologic testing procedure codes for Lyme disease testing only when billed for certain conditions and not consider reimbursement of nucleic acid identification techniques (NAAT), direct or amplified probe, when billed for the detection of Borrelia burgdorferi. The Lyme Disease Testing Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025. 	May 01, 2026
Flow Cytometry Policy, Professional and Facility Reminder	Colorado New York Pennsylvania Rhode Island	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the Flow Cytometry Policy, Professional and Facility. The 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 reimbursement of flow cytometry-derived DNA content (DNA Index) or cell proliferative activity (S-phase fraction or % S-phase) when billed for prognostic or therapeutic purposes in the routine management of cancers. The Flow Cytometry Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025. 	May 01, 2026
Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility Reminder	Colorado New York Rhode Island	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility. The 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. 	May 01, 2026

		<ul style="list-style-type: none"> The policy will also not consider reimbursement of urinary amylase concentration for the initial determination of acute pancreatitis for individuals presenting with signs and symptoms of acute pancreatitis; not consider reimbursement of serum or urine trypsin/trypsinogen/ TAP for the assessment, prognosis, and/or determination of acute pancreatitis; and not consider reimbursement of certain biomarker procedure codes for the assessment, prognosis, and/or determination of acute pancreatitis. The Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025. 	
Fecal Calprotectin Testing Policy, Professional and Facility Reminder	Colorado Hawaii New York Rhode Island	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the Fecal Calprotectin Testing Policy, Professional and Facility. The policy will consider reimbursement for fecal calprotectin testing only when billed for certain conditions. The Fecal Calprotectin Testing Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025. 	May 01, 2026
Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility Reminder	Florida Hawaii Michigan New Mexico Pennsylvania Virginia Wisconsin	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the new Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility. The new policy will not consider reimbursement for diagnostic testing procedure codes for fecal analysis in suspected or determined intestinal dysbiosis, irritable bowel syndrome, malabsorption, or small intestinal overgrowth of bacteria. The Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, since February 2, 2026. 	May 01, 2026
Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility	Florida Hawaii Michigan New Mexico Pennsylvania	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the new Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility. This new reimbursement policy will limit reimbursement for Bone Turnover Marker Testing procedure codes when billed for Osteoporosis to once every 3 months. 	May 01, 2026

Reminder	Wisconsin	<ul style="list-style-type: none"> The Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	
Immune Cell Function Assay Policy, Professional and Facility Reminder	Florida Hawaii Michigan Pennsylvania Wisconsin	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the new Immune Cell Function Assay Policy, Professional and Facility. This new policy will not consider reimbursement for certain immune cell function assay procedure codes. The Immune Cell Function Assay Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	May 01, 2026
Autoimmune Rheumatic Disease Policy, Professional and Facility Reminder	Florida Hawaii Michigan New York Pennsylvania Wisconsin	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the new Autoimmune Rheumatic Disease Policy, Professional and Facility. This new policy will not consider reimbursement for certain antinuclear antibodies (ANA) and extractable nuclear antigen (ENA) testing procedure codes for a general encounter without abnormal findings. This new policy will also not consider reimbursement of certain procedure codes for the use of cell-bound complement activation products. In addition, this new policy will not consider reimbursement of certain serum biomarker panel testing procedure codes when submitted for the conditions of systemic lupus erythematosus or connective tissue disease. The Autoimmune Rheumatic Disease Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	May 01, 2026
Chronic Heart Failure Policy, Professional and Facility Reminder	Hawaii Michigan New Mexico New York Wisconsin	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the new Chronic Heart Failure Policy, Professional and Facility. This new policy will not consider reimbursement of the Presage® ST2 Assay procedure code for biomarker testing of chronic heart failure. 	May 01, 2026

		<ul style="list-style-type: none"> The Chronic Heart Failure Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	
Epithelial Cell Cytology Policy, Professional and Facility Reminder	Hawaii Michigan New Mexico Pennsylvania Wisconsin	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the new Epithelial Cell Cytology Policy, Professional and Facility. This new policy will not consider reimbursement of certain epithelial cell cytology analysis procedure codes for the assessment and management of breast cancer risk. The Epithelial Cell Cytology Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	May 01, 2026
Intracellular Micronutrient Analysis Policy, Professional and Facility Reminder	Hawaii Michigan New Mexico New York Wisconsin	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the new Intracellular Micronutrient Analysis Policy, Professional and Facility. This new policy will not consider reimbursement of intracellular micronutrient panel testing for certain procedure codes. The Intracellular Micronutrient Analysis Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	May 01, 2026
Onychomycosis Testing Policy, Professional and Facility Reminder	Hawaii Michigan New Mexico New York Pennsylvania Wisconsin	<ul style="list-style-type: none"> Effective for dates of service on or after May 1, 2026, UnitedHealthcare Community Plan will implement the new Onychomycosis Testing Policy, Professional and Facility. This new policy will not consider reimbursement of nucleic acid amplification testing (NAAT) procedure codes for individuals with onychomycosis and anti-fungal therapy resolved the infection. In addition, this new policy will not consider reimbursement of the attenuated total-reflectance fourier transform infrared (ATR-FTIR) spectroscopy procedure code to screen for, determine, or confirm onychomycosis. The Onychomycosis Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026. 	May 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Diagnosis Code Requirement Policy, Professional and Facility	Colorado Florida Hawaii Massachusetts Michigan New Mexico Pennsylvania Rhode Island Virginia Washington Wisconsin	<ul style="list-style-type: none"> In the January 2024, Reimbursement Policy Update Bulletin, UnitedHealthcare Community Plan communicated implementation of a comprehensive Diagnosis Code Requirement Policy for both professional and facility services. This policy consolidated multiple diagnosis-related policies into one unified framework, aligning with existing ICD-10-CM guidelines. As part of that notification, UnitedHealthcare Community Plan emphasized adherence by all providers to Excludes 1 coding rules, which are integral to the ICD-10-CM framework. At the time of the initial notification, these guidelines applied only to inpatient claims. Excludes 1 guidelines indicate that certain codes are mutually exclusive, meaning they represent conditions that cannot be reported together—such as a congenital form versus an acquired form of the same condition. All providers must ensure compliance with Excludes 1 guidelines when submitting any type of claim. UnitedHealthcare Community Plan will begin enforcing the application of Excludes 1 guidelines across all claim types effective April 1, 2026, to include outpatient and professional claim types. For additional details, please refer to the updated Diagnosis Code Reimbursement Policy. <p>All providers must submit claims accurately in accordance with ICD-10-CM guidelines, including proper application of Excludes 1 rules. Claims that do not comply with these requirements may be subject to edits or denials.</p> <p>We appreciate your partnership in ensuring accurate and compliant claim submissions. For additional details, please refer to the updated Diagnosis Code Requirement Policy available on the UHC Provider Portal.</p> <p>All providers must submit claims accurately in accordance with ICD-10-CM guidelines, including proper application of Exclude 1 rules. Claims that do not comply with these requirements may be subject to edits or denials.</p>	April 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Diagnosis Code Requirement Policy, Professional and Facility	Indiana Tennessee North Carolina	<ul style="list-style-type: none"> In the January 2024, Reimbursement Policy Update Bulletin, UnitedHealthcare Community Plan communicated implementation of a comprehensive Diagnosis Code Requirement Policy for both professional and facility services. This policy consolidated multiple diagnosis-related policies into one unified framework, aligning with existing ICD-10-CM guidelines. As part of that notification, UnitedHealthcare Community Plan emphasized adherence by all providers to Excludes 1 coding rules, which are integral to the ICD-10-CM framework. At the time of the initial notification, these guidelines applied only to inpatient claims. Excludes 1 guidelines indicate that certain codes are mutually exclusive, meaning they represent conditions that cannot be reported together—such as a congenital form versus an acquired form of the same condition. All providers must ensure compliance with Excludes 1 guidelines when submitting any type of claim. UnitedHealthcare Community Plan will begin enforcing the application of Excludes 1 guidelines across all claim types effective April 1, 2026, to include outpatient and professional claim types. For additional details, please refer to the updated Diagnosis Code Reimbursement Policy. <p>All providers must submit claims accurately in accordance with ICD-10-CM guidelines, including proper application of Excludes 1 rules. Claims that do not comply with these requirements may be subject to edits or denials.</p> <p>We appreciate your partnership in ensuring accurate and compliant claim submissions. For additional details, please refer to the updated Diagnosis Code Requirement Policy available on the UHC Provider Portal.</p> <p>All providers must submit claims accurately in accordance with ICD-10-CM guidelines, including proper application of Exclude 1 rules. Claims that do not comply with these requirements may be subject to edits or denials.</p>	April 01, 2026
Professional/Technical Component Policy, Professional	Rhode Island	<ul style="list-style-type: none"> Effective for dates of service on or after April 1, 2026, UnitedHealthcare will enhance the Professional/Technical Component Policy, Professional. When a radiology service is rendered and the physician or other eligible qualified healthcare professional performs a review rather than the full written interpretation and report, the reimbursement for the professional component is 	June 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
		<p>considered included in the Evaluation and Management (E/M) service. This will occur whether the radiology service is billed globally or with modifier 26.</p> <ul style="list-style-type: none"> Effective October 1, 2024, the Professional/Technical Component Policy was enhanced so the interpretation of a radiology service appended with modifier 26 would not be considered for separate reimbursement when reported on the same date of service as an E/M service for the same patient by the same provider unless a copy of the radiology report was attached to support separate reimbursement. With the current enhancement, when a global radiology code is billed on the same date of service as an E/M service for the same patient, by the same individual provider, the global radiology code's professional component will not be considered for separate reimbursement unless a copy of the radiology report is attached to support separate reimbursement. <ul style="list-style-type: none"> For example, if an internal medicine provider bills for an E/M service and a global radiology service, the provider would need to submit the report for the professional component of the global radiology service to be considered for separate reimbursement. To help providers submit an interpretation report, a Smart Edit will be implemented which provides additional details regarding the process for submitting the full interpretation report. 	
Professional/Technical Component Policy, Professional	Colorado, Florida, Massachusetts, Missouri, New York, Virginia, Wisconsin	<ul style="list-style-type: none"> Effective for dates of service on or after April 1, 2026, UnitedHealthcare will enhance the Professional/Technical Component Policy, Professional. When a radiology service is rendered and the physician or other eligible qualified healthcare professional performs a review rather than the full written interpretation and report, the reimbursement for the professional component is considered included in the Evaluation and Management (E/M) service. This will occur whether the radiology service is billed globally or with modifier 26. Effective October 1, 2024, the Professional/Technical Component Policy was enhanced so the interpretation of a radiology service appended with modifier 26 would not be considered for separate reimbursement when reported on the same date of service as an E/M service for the same patient by the same provider unless a copy of the radiology report was attached to support separate reimbursement. With the current enhancement, when a global radiology code is billed on the same date of service as an E/M service for the same patient, by the same individual provider, the global radiology code's professional component will not be considered for separate reimbursement unless a copy of the radiology report is attached to support separate reimbursement. 	April 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> ○ For example, if an internal medicine provider bills for an E/M service and a global radiology service, the provider would need to submit the report for the professional component of the global radiology service to be considered for separate reimbursement. ● To help providers submit an interpretation report, a Smart Edit will be implemented which provides additional details regarding the process for submitting the full interpretation report. 	
Professional/Technical Component Policy, Professional	Missouri	<ul style="list-style-type: none"> ● Effective for dates of service on or after April 1, 2026, UnitedHealthcare will enhance the Professional/Technical Component Policy, Professional to align with the Centers for Medicare and Medicaid (CMS): if a radiology service is rendered and the physician or other eligible qualified healthcare professional performs a review rather than the full written interpretation and report, the reimbursement is considered included in the Evaluation and Management (E/M) service. ● The interpretation of a radiology service appended with modifier 26 will not be considered for separate reimbursement when reported <i>by the same individual provider</i> (physician or other qualified healthcare professional), on the same date of service as an E/M service, for the same patient, unless a copy of the radiology report is attached to support separate reimbursement. <ul style="list-style-type: none"> ○ For example, if an emergency room provider bills for an E/M service and an interpretation, the emergency room provider would need to submit the report for the claim to be considered for separate reimbursement. If the emergency room provider bills for an E/M service only and a radiologist bills for an interpretation, the radiologist would not be required to submit a report for their claim to be considered for reimbursement. ● To help providers submit an interpretation report, a Smart Edit will be implemented which will provide additional details as to the process. 	April 01, 2026
Hospital Inclusive Charges Policy, Facility	New Jersey	<ul style="list-style-type: none"> ● Effective for dates of service on or after April 1, 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. ● 	April 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
		<p>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.</p> <ul style="list-style-type: none"> • 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. • What should facilities expect to see differently? • 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. 	
Vitamin D Testing Policy, Professional	Colorado Florida Hawaii Kansas Massachusetts Michigan New Mexico New York Pennsylvania Rhode Island Virginia Wisconsin	<ul style="list-style-type: none"> • Effective with dates of service on or after June 1, 2026, UnitedHealthcare Community Plan will expand the Vitamin D Testing Policy, Professional to include facility services. This enhanced policy, Vitamin D Testing Policy Professional and Facility, will integrate the existing guidelines covered by the Vitamin D Testing Policy, Professional and apply it to both professional and facility claims. <ul style="list-style-type: none"> ○ The updated policy will consider Vitamin D testing for reimbursement when submitted with an appropriate ICD-10 diagnosis and corresponding Vitamin D procedure code from the code lists in the policy for both facility and professional claims. • Vitamin D tests that meet the above criteria will be reimbursed up to four tests per year. 	June 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Anatomical Modifier Requirement Policy, Professional - Reminder	Tennessee	<p>Effective with dates of service on or after April 1, 2026, UnitedHealthcare Community Plan 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) <ul style="list-style-type: none"> ○ 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. • Radiological Codes (70000 Series) <ul style="list-style-type: none"> ○ 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. • 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. 	April 01, 2026
Global Days Policy, Professional	Hawaii Michigan New Mexico New York Wisconsin	<ul style="list-style-type: none"> • Effective for dates of service on or after June 1, 2026, UnitedHealthcare will align with The Centers for Medicare and Medicaid (CMS) by enhancing the existing Global Days Policy, Professional to align reimbursement with the CMS-designated intraoperative percentage for claims with modifier 78 appended. • Consistent with CMS, modifier 78 should be reported with procedure codes for treatment of postoperative complications that require a return trip to the operating room. • Currently, when modifier 78 is reported for a procedure having a global days value of 10 or 90, UnitedHealthcare reimburses the intraoperative percentage of the modified procedure at 84% of the allowed amount. 	June 01, 2026

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> UnitedHealthcare will reimburse all 10 or 90-day global day procedures with modifier 78 appended at the specific CMS-designated intraoperative percentage according to the National Physician Fee Schedule (anywhere between 60-84%), instead of at the highest intraoperative percentage given by CMS of 84%. 	

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"> 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. Check published policy to determine impact at the state level. The following UnitedHealthcare policies have recently been updated to include code changes: <ul style="list-style-type: none"> Add-On Codes, Facility Add-On Codes, Professional 	March 01, 2026

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> • Age to Diagnosis Code and Procedure Code Policy, Professional • Anatomical Modifier Requirement Policy, Professional • Assistant-at-Surgery Services, Professional • Autoimmune Rheumatic Disease, Professional and Facility - RTM • B Bundle, Professional • Bone Turnover Marker Testing of Osteoporosis, Professional and Facility - RTM • Chronic Heart Failure, Professional and Facility - RTM • Device, Implant, and Skin Substitute Policy, Facility • Diagnosis Code Requirement Policy, Professional and Facility • Discarded Drugs and Biologicals, Professional and Facility • DME, Orthotics and Prosthetics, Professional • Emergency Room Services: Florida, Facility • Emergency Room Services: Nebraska, Facility • Emergency Room Services: New Jersey, Facility • Epithelial Cell Cytology, Professional and Facility - RTM • Gender to Procedure and Diagnosis, Professional • Global Days, Professional • Home Health Services, Professional • Immune Cell Function Assay, Professional and Facility - RTM • Injection & Infusion Services, Professional • Intestinal Dysbiosis and Fecal Microbiota Transplant Testing, Pro and Facility - RTM • Intracellular Micronutrient Analysis, Professional and Facility - RTM • Laboratory Services, Professional • Maximum Frequency per Day CPT, Professional • Medically Unlikely Edits (MUE), Professional and Facility • Modifier Reference, Professional • Molecular Pathology, Professional and Facility • New Jersey Early Elective Delivery, Professional & Facility • Non-Covered and Covered Codes Policy, Facility • Non-Covered and Covered Codes Policy, Professional • Nonphysician Health Care Professionals Billing E/M Codes, Professional • Observation Services, Facility • Obstetrical Ultrasound, Professional • Onychomycosis Testing, Professional and Facility - RTM 	

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> • Orthotics (L3000), Professional • Procedure and Place of Service, Professional • Procedure to Modifier, Professional • Readmission, Facility • Revenue Codes Requiring Procedure Codes, Facility • Services and Modifiers Not Reimbursable to Health care Professionals Policy, Professional • Unlisted Services Policy, Professional • Vaccines For Children Policy, Professional 	

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 > Policies and Protocols > Community Plan Policies > Reimbursement Policies for Community Plan