United Healthcare

UnitedHealthcare Community Plan

Reimbursement Policy Update Bulletin: November 2026

New			
Policy Title	**State(s)**	**Policy summary**	**Effective Date**
Lyme Disease Testing Policy, Professional and Facility **Reminder**	Idaho	• Effective for dates of service on or after December 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.	December 01, 2026
Flow Cytometry Policy, Professional and Facility **Reminder**	Washington	• Effective for dates of service on or after December 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. • Additionally, the policy will 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.	December 01, 2026

		• The Flow Cytometry Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	
Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility **Reminder**	Idaho	• Effective for dates of service on or after January 1, 2027, 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. • 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.	January 01, 2027
Fecal Calprotectin Testing Policy, Professional and Facility **Reminder**	Idaho	• Effective for dates of service on or after November 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.	November 01, 2026

Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility **Reminder**	Idaho	• Effective for dates of service on or after December 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.	December 01, 2026
Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility **Reminder**	Idaho	• Effective for dates of service on or after November 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. • 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.	November 01, 2026
Immune Cell Function Assay Policy, Professional and Facility **Reminder**	Idaho	• Effective for dates of service on or after January 1, 2027, 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.	January 1, 2027

		• The Immune Cell Function Assay Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	
Autoimmune Rheumatic Disease Policy, Professional and Facility **Reminder**	Idaho	• Effective for dates of service on or after December 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.	December 01, 2026
Chronic Heart Failure Policy, Professional and Facility **Reminder**	Rhode Island	• Effective for dates of service on or after November 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. • The Chronic Heart Failure Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	November 01, 2026

Chronic Heart Failure Policy, Professional and Facility **Reminder**	Idaho	• Effective for dates of service on or after January 1, 2027, 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. • The Chronic Heart Failure Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	January 1, 2027
Epithelial Cell Cytology Policy, Professional and Facility **Reminder**	Idaho	• Effective for dates of service on or after January 1, 2027, 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.	January 1, 2027
Intracellular Micronutrient Analysis Policy, Professional and Facility **Reminder**	Idaho	• Effective for dates of service on or after January 1, 2027, 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.	January 1, 2027
Onychomycosis Testing Policy, Professional and Facility	Idaho	• Effective for dates of service on or after January 1, 2027, UnitedHealthcare Community Plan will implement the new Onychomycosis Testing Policy, Professional and Facility.	January 1, 2027

Reminder		• 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.	
Homocysteine Testing for Metabolism Policy, Professional and Facility **Reminder**	Pennsylvania	• Effective for dates of service on or after December 1, 2026, UnitedHealthcare Community Plan will implement the Homocysteine Testing for Metabolism Policy, Professional and Facility. • The policy will consider reimbursement for homocysteine testing procedure code (83090) only for individuals with homocystinuria, vitamin B12 deficiency, or chronic ischemic heart disease. • The Homocysteine Testing for Metabolism Policy, Professional and Facility will be available for review on UnitedHealthcare's website, uhcprovider.com, on April 1, 2026.	December 01, 2026
Homocysteine Testing for Metabolism Policy, Professional and Facility **Reminder**	Idaho Tennessee	• Effective for dates of service on or after January 1, 2027, UnitedHealthcare Community Plan will implement the Homocysteine Testing for Metabolism Policy, Professional and Facility. • The policy will consider reimbursement for homocysteine testing procedure code (83090) only for individuals with homocystinuria, vitamin B12 deficiency, or chronic ischemic heart disease. • The Homocysteine Testing for Metabolism Policy, Professional and Facility will be available for review on UnitedHealthcare's website, uhcprovider.com, on April 1, 2026.	January 1, 2027

Homocysteine Testing for Metabolism Policy, Professional and Facility **First Notification**	North Carolina	• Effective for dates of service on or after February 1, 2027, UnitedHealthcare Community Plan will implement the Homocysteine Testing for Metabolism Policy, Professional and Facility. • The policy will consider reimbursement for homocysteine testing procedure code (83090) only for individuals with homocystinuria, vitamin B12 deficiency, or chronic ischemic heart disease. • The Homocysteine Testing for Metabolism Policy, Professional and Facility will be available for review on UnitedHealthcare's website, uhcprovider.com, on April 1, 2026.	February 1, 2027
Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility **Reminder**	Idaho	• Effective for dates of service on or after January 1, 2027, UnitedHealthcare Community Plan will implement the Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility. • The policy will not consider reimbursement of certain serologic marker procedure codes for individuals with Crohn's disease, ulcerative colitis, or irritable bowel syndrome. • In addition, the policy will not consider reimbursement for certain diagnostic algorithm-based testing (e.g. ibs-smart™, PredictSURE IBD™ Test, Prometheus® testing) for the determination or monitoring of individuals with irritable bowel syndrome. • The Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility will be available for review on UnitedHealthcare's website, uhcprovider.com, on April 1, 2026.	January 1, 2027
In Vitro Chemotherapy Assays Policy, Professional and Facility **Reminder**	Colorado Florida Massachusetts New Mexico Virginia Wisconsin	Effective for dates of service on or after November 1, 2026, UnitedHealthcare will implement the new In Vitro Chemotherapy Assays Policy, Professional and Facility. The new policy will:	November 01, 2026

		• Not consider reimbursement of in vitro chemotherapy sensitive and resistance assays. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	
In Vitro Chemotherapy Assays Policy, Professional and Facility **Reminder**	Kentucky Pennsylvania Tennessee	Effective for dates of service on or after December 1, 2026, UnitedHealthcare will implement the new In Vitro Chemotherapy Assays Policy, Professional and Facility. The new policy will: • Not consider reimbursement of in vitro chemotherapy sensitive and resistance assays. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	December 01, 2026
In Vitro Chemotherapy Assays Policy, Professional and Facility **First Notification**	Rhode Island	Effective for dates of service on or after February 1, 2027, UnitedHealthcare will implement the new In Vitro Chemotherapy Assays Policy, Professional and Facility. The new policy will: • Not consider reimbursement of in vitro chemotherapy sensitive and resistance assays. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	February 01, 2027
Testosterone Policy, Professional and Facility **Reminder**	Kansas Massachusetts	Effective for dates of service on or after November 1, 2026, UnitedHealthcare will implement the new Testosterone Policy, Professional and Facility The new policy will:	November 01, 2026

		• 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 under certain conditions. • Limit frequency of serum free testosterone, sex hormone–binding globulin (SHBG), and/or albumin 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. • Limit frequency of serum estradiol 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. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	
Testosterone Policy,	Kentucky	Effective for dates of service on or after December 1, 2026, UnitedHealthcare will implement the new Testosterone Policy, Professional and Facility	December 01, 2026

Professional and Facility **Reminder**		The new policy will: • 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 under certain conditions. • Limit frequency of serum free testosterone, sex hormone–binding globulin (SHBG), and/or albumin 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. • Limit frequency of serum estradiol 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. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	

Testosterone Policy, Professional and Facility **First Notification**	North Carolina Rhode Island	Effective for dates of service on or after February 1, 2027, UnitedHealthcare will implement the new Testosterone Policy, Professional and Facility The new policy will: • 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 under certain conditions. • Limit frequency of serum free testosterone, sex hormone–binding globulin (SHBG), and/or albumin 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. • Limit frequency of serum estradiol 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.	February 01, 2027

		• This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	
Allergen Testing Policy, Professional and Facility **Reminder**	Idaho Kansas	Effective for dates of service on or after November 1, 2026, UnitedHealthcare will implement the new Allergen Testing Policy, Professional and Facility. The new policy will: • Consider reimbursement of in vitro serum IgE testing of individuals 20 years of age or older for moderate to severe asthma, signs or symptoms of allergic bronchopulmonary aspergillosis, chronic rhinosinusitis with nasal polyps (CRSwNP) or IgE-mediated food allergy (IgE-MFA).* • Limit frequency of specific IgE in vitro allergy testing to up to 29 allergen specific antibodies per year for individuals 20 years of age or older. • Not consider reimbursement of 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 or in vitro allergen testing using bead-based epitope assays. • The updated policy will be available for review on UnitedHealthcare website, uhcprovider.com, by November 8, 2026. *Prior communications did not include the additional expanded considerations for reimbursement.	November 01, 2026
Allergen Testing Policy, Professional and Facility **Reminder**	Kentucky New Mexico Pennsylvania Tennessee	Effective for dates of service on or after December 1, 2026, UnitedHealthcare will implement the new Allergen Testing Policy, Professional and Facility. The new policy will:	December 01, 2026

		• Consider reimbursement of in vitro serum IgE testing of individuals 20 years of age or older for moderate to severe asthma, signs or symptoms of allergic bronchopulmonary aspergillosis, chronic rhinosinusitis with nasal polyps (CRSwNP) or IgE-mediated food allergy (IgE-MFA).* • Limit frequency of specific IgE in vitro allergy testing to up to 29 allergen specific antibodies per year for individuals 20 years of age or older. • Not consider reimbursement of 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 or in vitro allergen testing using bead-based epitope assays. • The updated policy will be available for review on UnitedHealthcare website, uhcprovider.com, by November 8, 2026. *Prior communications did not include the additional expanded considerations for reimbursement.	
Allergen Testing Policy, Professional and Facility **First Notification**	North Carolina	Effective for dates of service on or after February 1, 2027, UnitedHealthcare will implement the new Allergen Testing Policy, Professional and Facility. The new policy will: • Consider reimbursement of in vitro serum IgE testing of individuals 20 years of age or older for moderate to severe asthma, signs or symptoms of allergic bronchopulmonary aspergillosis, chronic rhinosinusitis with nasal polyps (CRSwNP) or IgE-mediated food allergy (IgE-MFA).*	February 01, 2027

		• Limit frequency of specific IgE in vitro allergy testing to up to 29 allergen specific antibodies per year for individuals 20 years of age or older. • Not consider reimbursement of 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 or in vitro allergen testing using bead-based epitope assays. • The updated policy will be available for review on UnitedHealthcare website, uhcprovider.com, by November 8, 2026. *Prior communications did not include the additional expanded considerations for reimbursement.	
Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility **Reminder**	Kansas Kentucky New Mexico	Effective for dates of service on or after November 1, 2026, UnitedHealthcare will implement the new Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility. The new policy will: • Limit frequency of multianalyte assay testing 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. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	November 01, 2026
Hepatic Fibrosis Testing for Chronic Liver	Pennsylvania Tennessee	Effective for dates of service on or after December 1, 2026, UnitedHealthcare will implement the new Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility.	December 01, 2026

Disease Policy, Professional and Facility **Reminder**		The new policy will: • Limit frequency of multianalyte assay testing 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. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	
Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility **First Notification**	Idaho North Carolina	Effective for dates of service on or after February 1, 2027, UnitedHealthcare will implement the new Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility. The new policy will: • Limit frequency of multianalyte assay testing 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. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	February 01, 2027
Vitamin B12 Testing Policy,	Colorado Florida Kansas	Effective for dates of service on or after December 1, 2026, UnitedHealthcare will implement the new Vitamin B12 Testing Policy, Professional and Facility	December 01, 2026

Professional and Facility **Reminder**	Kentucky New Mexico Pennsylvania Rhode Island Tennessee Wisconsin	The new policy will: • Limit frequency of total vitamin B12 testing to once every three months. • Consider reimbursement of homocysteine testing for vitamin B12 deficiency. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	

Revised

Policy Title	State(s)	Summary of Changes	Effective Date
Anatomical Modifier Requirement Policy, Professional	Arizona	• Effective with dates of service on or after December 1, 2026, UnitedHealthcare Community Plan will enhance the Anatomical Modifier Requirement Policy, Professional to include the use of anatomical modifiers for surgical procedures. ○ Applies to Surgical Codes with a bilateral status indicator of 1 (CPT Codes 10000-69999) as outlined by CMS on the Medicare Physician Fee Schedule. • Claim lines that do not have the appropriate anatomical modifier (50, LC, LD, LM, RC, RI, E1-E4, FA, F1-F9, LT, RT, TA, T1-T9) appended to the claim line will be denied.	December 1, 2026

Anatomical Modifier Requirement Policy, Professional	Arizona	Effective with dates of service on or after December 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.
		• 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.
			December 1, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**

		• Radiological Codes (70000 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.
		
		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.	

Diagnosis Code Requirement Policy, Professional and Facility	Kentucky New Jersey	• In the January 2024, Reimbursement Policy Update Bulletin, UnitedHealthcare Community and State 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 the existing ICD-10-CM guidelines. As part of that notification UnitedHealthcare Community and State 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 congenital form verses an acquired form of the same condition. All providers must ensure compliance with Excludes 1 guidelines when submitting any type of claim. • UnitedHealthcare Community and State will begin enforcing the application of Excludes 1 guidelines across all claim types effective December 1, 2026, to include	December 01, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		outpatient and professional claim types. For additional details, please refer to the updated Diagnosis Code Reimbursement Policy. • 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.	
Global Days Policy, Professional	Maryland New Jersey	• Effective for dates of service on or after December 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. • 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%.	December 01, 2026
Home Health Services Policy, Professional	Kentucky	• Effective for dates of service on or after December 01, 2026, UnitedHealthcare Community Plan will implement the new Home Health Services Professional Policy.	December 01, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		• In alignment with CMS, home health services billed in place of service 12 will not be reimbursed if the dates of service overlap with an inpatient stay. The date span Criteria will exclude the date of admission and discharge.	
Hospital Inclusive Charges Policy, Facility	Kentucky	• Effective for dates of service on or after December 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. • 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. • 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.	December 01, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
Obstetrical Policy, Professional - Reminder	All	• At the time of publication, CMS has proposed maternity care reporting changes that are expected to be finalized November 2026. UnitedHealthcare will review the final CMS guidance and implement any applicable CMS requirements effective Jan. 1, 2027. If the final CMS rule differs from the approach described below, UnitedHealthcare reserves the right to revise this guidance to align with CMS requirements. • If CMS finalizes its proposed 2027 maternity HCPCS G-codes, providers should report maternity services using the applicable CMS-designated HCPCS G-codes. • If the CMS proposal is not finalized, effective Jan. 1, 2027, CPT® maternity care services will transition from global obstetric reporting to phase-based reporting, including antepartum, labor management, delivery, and postpartum care. Pregnancies spanning the 2026-2027 transition period should be reported as follows: Services rendered on or before Dec. 31, 2026, should be reported in accordance with CPT® 2026 guidelines, including CPT® 59425, 59426, or applicable E/M services. • Services rendered on or after Jan. 1, 2027, should be reported using the appropriate E/M code. Antepartum-only global obstetric CPT® codes will no longer apply to services rendered in 2027 and beyond. • Coverage, reimbursement, and claims adjudication remain subject to applicable benefit plans, medical necessity criteria, and claims submission requirements. This communication provides reporting guidance only and does not modify benefits or coverage. • Additional Resources: • Providers are encouraged to review the AMA CPT® 2027 Maternity Care Services educational materials for additional detail on phase-based reporting and	January 1, 2027

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		implementation considerations (CPT Maternity Care Services Education Brief: Antepartum Transition Reporting | AMA).	

Outpatient Medical Visits and Trauma Activation, Facility	Nebraska	• The Outpatient Medical Visits and Trauma Activation Policy will be effective for dates of service on or after December 1, 2026.
		• UnitedHealthcare Community Plan will align with CMS by creating a policy to address Outpatient Medical Visits and Trauma Activation HCPCS code G0390.
		  ○ When distinct and independent medical visits occur on the same date of service under the same revenue code condition code G0 must be submitted. Multiple visits meeting these criteria that are submitted without condition code G0 are not separately reimbursable.
		  ○ A separately identifiable status indicator V evaluation and management (E/M) code can be submitted on the same date of service as a procedure that has a status indicator of S or T if a modifier is appropriately applied. In these circumstances it would be appropriate to append modifier 25 to the E/M code to indicate the E/M service performed was separate and distinct.
		  ○ Trauma activation is considered a one-time occurrence in association with critical care service. Therefore, only one unit of G0390 is reimbursable per date of service.
		• Trauma activation code G0390 can be submitted separately under revenue code 68X (068X) when provided on the same date of service as critical care service 99291.
			December 01, 2026

Preventive Medicine and Screening Policy, Professional	Kentucky	• The UnitedHealthcare Community Plan Preventive Medicine and Screening Policy will be enhanced effective with dates of service December 1, 2026 to apply a 50% reduction to an Evaluation and Management (E/M) service reported with modifier 25 when reported with a Preventive Medicine E/M service on the same day for the same patient by the same provider.	December 01, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		• The adjustment considers expenses that overlap with Preventive Medicine practice expenses, which may include for example, supplies, equipment, and administrative overhead.	
Procedure and Place of Service Policy, Professional – Reminder	Kentucky Texas	• Effective with dates of service on or after December 1, 2026, UnitedHealthcare will enhance the Procedure and Place of Service Policy, Professional. • 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. • 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.	December 01, 2026
Vitamin D Testing Policy, Professional	New Jersey	• Effective with dates of service on or after December 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. o 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.	December 01, 2026

Code Update			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
Reimbursement Policy Code Updates - Multiple Policies	Multiple	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 • 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.	November 01, 2026

Code Update			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**

		• Check published policy to determine impact at the state level.
		• The following UnitedHealthcare policies have recently been updated to include code changes:
		  ○ Add-On Codes, Facility
		  ○ Add-On Codes, Professional
		  ○ After Hours and Weekend Care, Professional
		  ○ Age to Diagnosis Code and Procedure Code Policy, Professional
		  ○ Allergen Testing Policy, Professional and Facility - RTM
		  ○ Ambulance Services, Professional
		  ○ Anatomical Modifier Requirement Policy, Professional
		  ○ Anesthesia, Professional
		  ○ Bilateral Procedures, Facility
		  ○ Bilateral Procedures, Professional
		  ○ CCI Editing, Professional
		  ○ Chronic Heart Failure, Professional and Facility - RTM
		  ○ Contrast & Radiopharmaceutical Materials, Professional
		  ○ Device and Skin Substitute Policy, Facility
		  ○ Diagnosis Code Requirement Policy, Professional and Facility
		  ○ Diagnostic Testing for Influenza, Professional and Facility - RTM
		  ○ Discarded Drugs and Biologicals, Professional and Facility
		  ○ Flow Cytometry, Professional and Facility - RTM	

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		○ From - To Date, Professional ○ Gender to Procedure and Diagnosis, Professional ○ Global Days, Professional ○ Home Health Services, Professional ○ Incontinence Supply, Professional ○ Injection & Infusion Services, Professional ○ Intestinal Dysbiosis and Fecal Microbiota Transplant Testing, Pro and Facility - RTM ○ Laboratory Services, Professional ○ Lyme Disease Testing, Professional and Facility - RTM ○ Maximum Frequency per Day CPT, Professional ○ Maximum Frequency per Day HCPCS, Professional ○ Medically Unlikely Edits (MUE), Professional and Facility ○ Modifier Reference, Professional ○ Molecular Pathology, Professional and Facility ○ New Patient Visit, Professional ○ Non-Covered and Covered Codes Policy, Facility ○ Non-Covered and Covered Codes Policy, Professional ○ Obstetrical Services, Professional ○ Outpatient Medical Visits and Trauma Activation Policy, Facility ○ PM & R - Mult Therapy Proc Reduction, Professional	

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		○ Preventive Medicine and Screening, Professional ○ Procedure and Place of Service, Professional ○ Procedure to Modifier, Professional ○ Professional/Technical Component, Professional ○ Radiation Therapy Planning - Dosimetry, Simulation/Devices and Management Policy, Professional & Fac ○ RAST Testing, Professional ○ Revenue Codes Requiring Procedure Codes, Facility ○ Services and Modifiers Not Reimbursable to Health care Professionals Policy, Professional ○ Standby Services, Professional ○ Supply Policy, Professional ○ Telehealth/Virtual Health Policy, Professional and Facility ○ Unlisted Services Policy, Professional ○ Vitamin D Testing, Professional and Facility	

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.

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