

UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: September 2025

New			
Policy Title	State(s)	Policy summary	Effective Date
Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Policy, Professional	Hawaii Washington	<ul style="list-style-type: none"> Effective with dates of service on or after December 1, 2025, UnitedHealthcare will enhance the Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Policy, Professional. UnitedHealthcare will apply a reduction to certain ultrasound CPT codes with an MPPR Status Indicator of "0" to provide consistency with similar ultrasound codes with an assigned MPPR Status Indicator of "4". For these CPT codes with an MPPR Status Indicator of "0", this will result in a 50% reduction for the technical component (TC) and 5% reduction for the professional component (PC) of secondary and subsequent ultrasound imaging procedures when provided to the same patient in the same session on the same date of service by the same or different physician in the same group, consistent with what currently occurs for CPT codes with an MPPR status indicator of "4". When appropriate, a modifier may be appended to the additional ultrasound procedures to indicate they were performed on the same date of service during a separate session. 	December 01, 2025
Discarded Drugs and Biologicals	Arizona	<ul style="list-style-type: none"> Effective October 1, 2025, UnitedHealthcare will align with the Centers for Medicare and Medicaid (CMS) requirement for reporting the JZ modifier. In accordance with CMS Medicare Claims Processing Manual Chapter 17 (Section 40) providers and suppliers are required to report the JZ modifier to attest that no amount of drug or biological from a single-dose container or a single-use package was unused or discarded. The use of the JW modifier will continue to be required when submitting claims for any waste from a single-dose container or single-use package. 	October 01, 2025

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Policy, Professional, Reminder	Maryland Massachusetts New Mexico New York Pennsylvania Rhode Island Texas	<ul style="list-style-type: none"> Effective with dates of service on or after November 1, 2025, UnitedHealthcare will enhance the Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Policy, Professional. UnitedHealthcare will apply a reduction to certain ultrasound CPT codes with an MPPR Status Indicator of "0" to provide consistency with similar ultrasound codes with an assigned MPPR Status Indicator of "4". For these CPT codes with an MPPR Status Indicator of "0", this will result in a 50% reduction for the technical component (TC) and 5% reduction for the professional component (PC) of secondary and subsequent ultrasound imaging procedures when provided to the same patient in the same session on the same date of service by the same or different physician in the same group, consistent with what currently occurs for CPT codes with an MPPR status indicator of "4". When appropriate, a modifier may be appended to the additional ultrasound procedures to indicate they were performed on the same date of service during a separate session. 	November 1, 2025
Payment Reduction of Off-Campus Provider-Based Departments Billed with Modifier PO Policy, Facility, Reminder	District of Columbia Florida Massachusetts New Mexico New York Pennsylvania Rhode Island	<ul style="list-style-type: none"> On June 1, 2025, UnitedHealthcare announced that effective for dates of service on or after September 1, 2025, it will implement a new Payment Reduction of Off-Campus Provider-Based Departments Billed with Modifier PO Policy, Facility that will apply a 60% reduction when HCPCS code G0463 is reported with modifier PO. Implementation of that policy is being delayed until further notice, and will not take effect on September 1, 2025, as previously announced. UnitedHealthcare will provide notice of a new effective date prior to implementation in a future edition of the Network News. 	TBD

Procedure and Place of Service Policy, Professional, Reminder	Florida Hawaii Massachusetts Michigan Missouri New Mexico New York Pennsylvania Rhode Island Virginia	<ul style="list-style-type: none"> Effective with dates of service on or after October 1, 2025, 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. 	November 01, 2025
---	--	---	-------------------

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 Age to Diagnosis Code and Procedure Code Policy, Professional Ambulance Services, Professional 	September 01, 2025

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> • Assistant-at-Surgery Services, Professional • B Bundle, Professional • Bilateral Procedures, Professional • CCI Editing, Professional • Clinical Diagnostic Lab, Professional • Consultation Services, Professional • DME, Orthotics and Prosthetics, Professional • Emergency Room Services: New Jersey, Facility • Facility Billing • From - To Date, Professional • Gender to Procedure and Diagnosis, Professional • Hospital Inclusive Charges, Facility • Increased Procedural Service (Mods 22 & 63), Professional • Laboratory Services, Professional • Maximum Frequency per Day CPT, Professional • Maximum Frequency per Day HCPCS, Professional • Modifier SU, Professional • MPPR for Diagnostic Cardiovascular and Ophthalmology Procedures Policy, Professional • MPPR for Medical and Surgical Services Policy, Professional • National Drug Code (NDC) Requirement Policy, Professional and Facility • Non-Covered and Covered Codes Policy, Facility • Non-Covered and Covered Codes Policy, Professional • Once in a Lifetime, Professional • Pediatric and Neonatal Critical and Intensive Care Services, Professional • Procedure and Place of Service, Professional • Procedure to Modifier, Professional • Radiation Therapy Planning - Dosimetry, Simulation/Devices and Management Policy, Professional & Fac • Respiratory Viral Panel Testing, Professional and Facility • Revenue Codes Requiring Procedure Codes, Facility • Same Day/Same Service, Professional • 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 • 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](#).

© 2025 United HealthCare Services, Inc. All Rights Reserved.