

UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: August 2025

New		
Policy Title	Effective Date	Policy Summary
New Payment Reduction of Off Campus Provider Based Departments Billed with Modifier PO Policy, Facility - Reminder	September 1, 2025	- Effective for dates of service on or after September 1, 2025, UnitedHealthcare will implement the 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, in alignment with the Centers for Medicare and Medicaid Services (CMS). - UnitedHealthcare will align with CMS and require that the HCPCS modifier PO be reported with outpatient hospital items and services in an off-campus provider-based department of a hospital. These departments are owned and operated by a single entity known as the "main provider." They can be located on the same campus as the main provider or off-campus. A facility outside of 250 yards (from the main provider) but, within 35 miles, is considered off campus. - Consistent with CMS, reimbursement for G0463, when appropriately billed with modifier PO will be considered for reimbursement at 40% of the allowable amount. - The policy does not apply to the following facility types: - Services rendered in the Emergency Department - Critical Access Hospitals - Psychiatric, Rehabilitation, or Long-Term Care Hospitals or Hospital Units - Hospitals located in Maryland, Puerto Rico or the U.S. territories - Rural Sole Community Hospitals - Indian Health Service hospitals
Revised		
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Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Policy, Professional	November 1, 2025 (December 1, 2025 for	- Effective with dates of service on or after October 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".

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	Colorado and Rhode Island)	- 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.
Procedure and Place of Service Policy, Professional	November 1, 2025 (December 1, 2025 for Colorado and Rhode Island)	- Effective with dates of service on or after November 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.
Assistant-at-Surgery Services Policy, Professional Bilateral Procedures Policy, Professional Co-Surgeon/Team Surgeon Policy, Professional Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services Policy, Professional	November 1, 2025	- Effective with dates of service on or after November 1, 2025, UnitedHealthcare will enhance multiple policies to accommodate the billing and consideration for reimbursement of HCPCS S codes. - When applicable modifiers are appended to certain S codes, UHC will consider those S codes for reimbursement and apply the effect of those modifiers to the S codes as it does for comparable CPT or HCPCS codes. - This change helps ensure accurate payment and that any applicable reductions are applied appropriately, whether an S code or its comparable CPT or HCPCS code is submitted. - S codes that have a comparable CPT code(s) will be added to following professional reimbursement policies: - Assistant-at-Surgery Services Policy, Professional - Bilateral Procedures Policy, Professional - Co-Surgeon/Team Surgeon Policy, Professional - Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services Policy, Professional - Additional S Codes may be added to the applicable reimbursement policies as codes are identified and as part of routine policy updates.

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Anesthesia Policy, Professional – Reminder	October 1, 2025 On or after November 1, 2025 for Colorado, Kentucky, Rhode Island; and Ohio (for physical status modifiers & qualifying circumstances codes)	UnitedHealthcare is updating the anesthesia reimbursement calculations in its Anesthesia Policy, Professional – UnitedHealthcare Commercial Plans and Exchange to more precisely align reimbursement with the services rendered. We will be making updates to our anesthesia calculations as follows: - Effective for dates of service on or after October 1, 2025, a 15% reduction in reimbursement will be applied to claims submitted for services rendered by a Certified Registered Nurse Anesthetist (CRNA) for personally performed anesthesia services when appended with the QZ modifier. This aligns the reimbursement methodology for CRNAs with other advanced practice providers. - As previously notified, providers in Arkansas, California, Colorado, Hawaii, Massachusetts, New Hampshire, and Wyoming will be excluded from this reduction. - In addition, providers in Ohio will also be excluded from this reduction. - UnitedHealthcare will align with CMS regarding the modifying units portion of the anesthesia calculation as follows: ➤ To no longer include the units for physical status modifiers P3, P4 and P5 in the anesthesia reimbursement calculation. CMS uses these modifiers in anesthesia billing to classify a patient's health condition. Alignment with CMS will accommodate the physical status modifiers being reported as informational to document a patient's medical co-morbidities. ➤ To no longer include additional units for qualifying circumstances codes 99110, 99116, 99135 and 99140 in the anesthesia reimbursement calculation. CMS has assigned these codes a payment status of B in the National Physician Fee Schedule (NPFS) and considers them bundled services and therefore not separately reimbursed. - Appropriate modifiers should still be appended based on the services rendered.
Code Updates		
Policy Title	Effective Date	Summary of Changes
Reimbursement Policy Code Updates – Multiple Policies	N/A	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. - The following UnitedHealthcare policies have recently been updated to include code changes: - Anatomical Modifier Requirement Policy, Professional - Bilateral Procedures, Professional - Global Days, Professional - Maximum Frequency per Day CPT, Professional - Outpatient Hospital Maximum Frequency Per Day (MFD), Facility - Professional/Technical Component, Professional - Supply Policy, Professional

Code Updates		
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		- 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.

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.



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