

## UnitedHealthcare Medicare Advantage Reimbursement Policy Update Bulletin: August 2025

New		
Policy Title	Effective Date	Policy Summary
Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing, Professional and Facility - Reminder	10/01/2025	<ul style="list-style-type: none"> <li>Effective with dates of service on or after October 1, 2025, UnitedHealthcare Medicare Advantage will align with the Centers for Medicare and Medicaid Services (CMS) requirement that a Molecular Syndromic test panel is a single test with multiple components and is characterized by a single unit of service (UOS =1). A panel cannot be unbundled and billed as individual components regardless of the fact that the test reports multiple individual pathogens and/or targets.</li> <li>Consistent with Palmetto GBA Local Coverage Article A58710, UnitedHealthcare Medicare Advantage will consider for reimbursement a molecular syndromic panel procedure code with one additional component procedure code, or two panel component codes billed separately without the applicable panel procedure code, when reported by the same provider for the same member on the same date of service for the same or highly similar intended use.</li> <li>Providers may submit appropriate modifiers on claim lines to indicate that the services are for different intended uses and UnitedHealthcare will consider those claim lines for reimbursement as appropriate.</li> <li>UnitedHealthcare Medicare Advantage will deny all additional unbundled procedure code components of a Molecular Syndromic test panel reported on the same date of service, for the same patient, for the same intended use.</li> </ul>
Revised		
Policy Title	Effective Date	Summary of Changes
Procedure and Place of Service Policy, Professional	11/01/2025	<ul style="list-style-type: none"> <li>Effective with dates of service on or after November 1, 2025, UnitedHealthcare will enhance the Procedure and Place of Service Policy, Professional.</li> <li>According to the CMS National Physician Fee Schedule Relative Value File, the Facility Indicator identified as “NA” indicates that “this procedure is rarely or never performed in the facility setting” by a Physician or Qualified Healthcare Professional.</li> <li>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.</li> </ul>

Code Updates		
Policy Title	Effective Date	Summary of Changes
Reimbursement Policy Code Updates – Multiple Policies	N/A	<p>In response to provider feedback and in an effort to provide more transparency, UnitedHealthcare is providing additional information regarding code updates that impact reimbursement policies. These updates are not changing the intent or the coding requirements of the policy, but reflect changes made to industry standard code sets.</p> <ul style="list-style-type: none"> <li>The following UnitedHealthcare policies have recently been updated to include code changes: <ul style="list-style-type: none"> <li>Time Span Codes Policy, Professional</li> <li>Home Health Services, Professional</li> <li>Add-On Codes, Professional</li> <li>Rebundling and NCCI Editing</li> </ul> </li> <li>Information regarding these code updates can be found in the history section which is located at the end of the posted policy.</li> <li>Code sections/lists/tables within a policy may not be comprehensive but may be provided as examples. Please review the full policy to understand applicability.</li> <li>Code updates could include, for example, CPT, HCPCS, ICD-10, Modifiers, Revenue Codes, or other industry standard code sets.</li> <li>UnitedHealthcare routinely updates its reimbursement policies in response to code updates made by, for example, Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), and the World Health Organization (WHO). This information is provided as a courtesy and may not include all code updates.</li> </ul>

Published reimbursement policies are intended to ensure reimbursement based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement

Note: The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable federal or state regulatory requirements.



The complete library of UnitedHealthcare Medicare Advantage Reimbursement Policies is available [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Medicare-Advantage-Policies > [Medicare-Advantage-Reimbursement Policies](#).