

## *UnitedHealthcare Medicare Advantage*Reimbursement Policy Update Bulletin: October 2025

New			
Policy Title	<b>Effective Date</b>	Policy Summary	
Routine Laboratory Testing Policies – Professional and Facility Reminder	12/01/2025	<ul> <li>Effective for dates of service on or after December 1, 2025, UnitedHealthcare will implement new Routine Laboratory Testing Policies, Professional and Facility.</li> <li>These new reimbursement policies apply to specific laboratory services, tests, and procedures. They will be available for review on the UnitedHealthcare website, uhoprovider.com, on September 8, 2025.</li> <li>Effective December 1, 2025, UnitedHealthcare will apply automated post-service, pre-payment policy enforcement to claims reporting laboratory services performed in office, hospital outpatient, and independent laboratory locations. These policies will provide guidelines around the circumstances and frequency for which claims for these tests will be considered for reimbursement.</li> <li>These policies will not apply to laboratory services, tests, and procedures provided in emergency rooms, hospital observation units, and hospital inpatient settings.</li> <li>Routine Testing Management Policies:         <ul> <li>Flow Cytometry Policy, Professional and Facility</li> <li>Diabetes Mellitus Testing Policy, Professional and Facility</li> <li>Iron Homeostasis and Metabolism Policy, Professional and Facility</li> <li>Prostate Biopsy Specimen Analysis Policy, Professional and Facility</li> <li>Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility</li> <li>Diagnostic Testing for Influenza Policy, Professional and Facility</li> <li>Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility</li> <li>Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility</li> <li>Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility</li> <li>Diagnostic Testing Policy, Professional and Facility</li> <li>Immune Cell Function Assay Policy, Professional and Facility</li> <li>Immune Cell Fun</li></ul></li></ul>	

Revised				
Policy Title	<b>Effective Date</b>	Summary of Changes		
Procedure and Place of Service Policy, Professional Reminder	11/01/2025	<ul> <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</li> </ul>		
Code Updates				
Policy Title	<b>Effective Date</b>	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:  • Co-Surgeon/Team Surgeon, Professional  • Information regarding these code updates can be found in the history section which is located at the end of the posted policy.		
		<ul> <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> </ul>		
		<ul> <li>Code updates could include, for example, CPT, HCPCS, ICD-10, Modifiers, Revenue Codes, or other industry standard code sets.</li> </ul>		
		<ul> <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** > Policies and Protocols > Medicare-Advantage-Policies > Medicare-Advantage-Reimbursement Policies.