

UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: August 2025

New			
Policy Title	State(s)	Policy summary	Effective Date
CCI Editing Policy, Professional and Facility	New Jersey Kentucky	<ul style="list-style-type: none"> Effective for dates of service on or after September 01, 2025, UnitedHealthcare Community Plan will align with The Centers for Medicare and Medicaid (CMS) by enhancing the existing CCI Editing, Professional and Facility policy to support claim line denials when there are two shoulder arthroscopic procedures performed on the same shoulder. In accordance with CMS National Correct Coding Initiative (NCCI) CPT codes 29805-29828 Procedure to Procedure (PTP) edit code pairs consisting of two codes describing two shoulder arthroscopy procedures performed on the same shoulder will not be considered for separate reimbursement regardless of if the code is appended with an NCCI PTP associated modifier. This includes the use of modifier 59. PTP edit code pairs will be considered for separate reimbursement when performed on opposite shoulders and when appended with an appropriate NCCI PTP associated modifier. There are three exceptions which are described in Chapter IV, Section E (Arthroscopy), Subsection 7 of the NCCI manual. The following CPT codes will be considered for separate reimbursement when submitted in addition to code 29823 if extensive debridement is completed in a different area of the same shoulder. <ul style="list-style-type: none"> 29824 (Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure) 29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair) 29828 (Arthroscopy, shoulder, surgical, biceps, tenodesis. 	September 01, 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"> 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: <ul style="list-style-type: none"> 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 	September 01, 2025
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Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Home Health Services Policy, Professional	Arizona	<ul style="list-style-type: none"> Effective September 01, 2025, for dates of service on or after July 1, 2025, UnitedHealthcare Community Plan will implement the new Home Health Services Policy, Professional. 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. 	September 01, 2025
Home Health Services Policy, Professional	New Jersey	<ul style="list-style-type: none"> Effective September 01, 2025, for dates of service on or after July 9, 2025, UnitedHealthcare Community Plan will implement the new Home Health Services Policy, Professional. 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. 	September 01, 2025

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Anatomical Modifier Requirement Policy, Professional	New Jersey	<ul style="list-style-type: none"> Effective with dates of service on or after July 9, 2025, UnitedHealthcare Community Plan will enhance the Anatomical Modifier Requirement Policy, Professional to require the use of appropriate laterality or anatomical modifiers for surgical procedures assigned a bilateral status indicator of 1 on the CMS National Physician Fee Schedule for the claim to be considered for reimbursement. Claim lines not reported with the appropriate laterality or anatomical modifier (50, LC, LD, LM, RC, RI, E1-E4, FA, F1-F9, LT, RT, TA, T1-T9) will be denied. 	September 01, 2025
Procedure and Place of Service Policy, Professional	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

Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Policy, Professional.	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 01, 2025
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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. 	August 01, 2025

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> • 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 • Anatomical Modifier Requirement Policy, Professional • Anesthesia, Professional • Assistant-at-Surgery Services, Professional • Bilateral Procedures, Facility • Bilateral Procedures, Professional • Care Plan Oversight, Professional • Clinical Diagnostic Lab, Professional • Consultation Services, Professional • Contrast & Radiopharmaceutical Materials, Professional • Device, Implant, and Skin Substitute Policy, Facility • Diagnosis Code Requirement Policy, Professional and Facility • DME, Orthotics and Prosthetics, Professional • Drug Testing Reimbursement Policy, Professional • From - To Date, Professional • Global Days, Professional • Incontinence Supply, Professional • Increased Procedural Service (Mods 22 & 63), Professional • Laboratory Services, Professional • Maximum Frequency per Day CPT, Professional • Maximum Frequency per Day HCPCS, Professional • Medically Unlikely Edits (MUE), Professional and Facility • Modifier Policy, Facility • Modifier Reference, Professional • MPPR for Diagnostic Imaging 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 • Nonphysician Health Care Professionals Billing E/M Codes, Professional • Observation Services, Facility 	

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> • Obstetrical Services, Professional • Obstetrical Ultrasound, Professional • One or More Sessions, Professional • Orthotics (L3000), Professional • Outpatient Hospital Observation Policy, Facility • Outpatient Medical Visits and Trauma Activation Policy, Facility • PM & R- Speech Therapy, Professional • Procedure and Place of Service, Professional • Procedure to Modifier, Professional • Professional/Technical Component, Professional • Readmission, Facility • Replacement Codes Policy, Professional • Revenue Codes Requiring Procedure Codes, Facility • Supply Policy, Professional • Telehealth/Virtual Health Policy, Professional and Facility • Time Span Codes Policy, Professional • 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](#).