UnitedHealthcare Community Plan
Reimbursement Policy Update Bulletin: July 2026

New			
Policy Title	**State(s)**	**Policy summary**	**Effective Date**
Homocysteine Testing for Metabolism Policy, Professional and Facility **Reminder**	Colorado Florida Hawaii Kansas Michigan New Mexico New York Rode Island Virginia Wisconsin	• Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the Homocysteine Testing for Metabolism Policy, Professional and Facility. • The policy will consider reimbursement for homocysteine testing procedure code (83090) only for individuals with homocystinuria, vitamin B12 deficiency, or chronic ischemic heart disease. • The Homocysteine Testing for Metabolism Policy, Professional and Facility will be available for review on UnitedHealthcare's website, uhcprovider.com, on April 1, 2026.	July 01, 2026
Homocysteine Testing for Metabolism Policy, Professional and Facility **Reminder**	Kentucky	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the Homocysteine Testing for Metabolism Policy, Professional and Facility. • The policy will consider reimbursement for homocysteine testing procedure code (83090) only for individuals with homocystinuria, vitamin B12 deficiency, or chronic ischemic heart disease. • The Homocysteine Testing for Metabolism Policy, Professional and Facility will be available for review on UnitedHealthcare's website, uhcprovider.com, on April 1, 2026.	August 01, 2026
Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility	Florida Hawaii Kansas Michigan New Mexico	• Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility.	July 01, 2026

Reminder	New York Pennsylvania Rhode Island Wisconsin	• The policy will not consider reimbursement of certain serologic marker procedure codes for individuals with Crohn's disease, ulcerative colitis, or irritable bowel syndrome. • In addition, the policy will not consider reimbursement for certain diagnostic algorithm-based testing (e.g. ibs-smart™, PredictSURE IBD™ Test, Prometheus® testing) for the determination or monitoring of individuals with irritable bowel syndrome. • The Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility will be available for review on UnitedHealthcare's website, uhcprovider.com, on April 1, 2026.	
Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility **Reminder**	Indiana Kentucky Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility. • The policy will not consider reimbursement of certain serologic marker procedure codes for individuals with Crohn's disease, ulcerative colitis, or irritable bowel syndrome. • In addition, the policy will not consider reimbursement for certain diagnostic algorithm-based testing (e.g. ibs-smart™, PredictSURE IBD™ Test, Prometheus® testing) for the determination or monitoring of individuals with irritable bowel syndrome. • The Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility will be available for review on UnitedHealthcare's website, uhcprovider.com, on April 1, 2026.	August 01, 2026
Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility **First Notification**	North Carolina	• Effective for dates of service on or after September 1, 2026, UnitedHealthcare Community Plan will implement the Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility. • The policy will not consider reimbursement of certain serologic marker procedure codes for individuals with Crohn's disease, ulcerative colitis, or irritable bowel syndrome. • In addition, the policy will not consider reimbursement for certain diagnostic algorithm-based testing (e.g. ibs-smart™, PredictSURE IBD™ Test, Prometheus® testing) for the determination or monitoring of individuals with irritable bowel syndrome.	September 01, 2026

		• The Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility will be available for review on UnitedHealthcare's website, uhcprovider.com, on April 1, 2026.	
Diabetes Mellitus Testing Policy, Professional and Facility **Reminder**	Arizona Idaho Indiana New Jersey	• Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the Diabetes Mellitus Testing Policy, Professional and Facility. • The policy will limit reimbursement for hemoglobin A1c procedure codes 83036 and 83037 when billed for diabetes mellitus testing to once every three months. • The Diabetes Mellitus Testing Policy, Professional and Facility has been available for review on UnitedHealthcare's website, uhcprovider.com since November 8, 2025.	July 01, 2026
Diabetes Mellitus Testing Policy, Professional and Facility **Reminder**	Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the Diabetes Mellitus Testing Policy, Professional and Facility. • The policy will limit reimbursement for hemoglobin A1c procedure codes 83036 and 83037 when billed for diabetes mellitus testing to once every three months. • The Diabetes Mellitus Testing Policy, Professional and Facility has been available for review on UnitedHealthcare's website, uhcprovider.com since November 8, 2025.	August 01, 2026
Iron Homeostasis and Metabolism Policy, Professional and Facility **Reminder**	Arizona Idaho	• Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the Iron Homeostasis and Metabolism Policy, Professional and Facility. • The policy will not consider reimbursement of certain serum hepcidin testing procedure codes when billed for iron homeostasis and metabolism. • The Iron Homeostasis and Metabolism Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	July 01, 2026
Iron Homeostasis and Metabolism Policy, Professional and Facility **First Notification**	Tennessee	• Effective for dates of service on or after September 1, 2026, UnitedHealthcare Community Plan will implement the Iron Homeostasis and Metabolism Policy, Professional and Facility.	September 01, 2026

		• The policy will not consider reimbursement of certain serum hepcidin testing procedure codes when billed for iron homeostasis and metabolism. • The Iron Homeostasis and Metabolism Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	
Diagnostic Testing for Influenza Policy, Professional and Facility **Reminder**	Kansas	• Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the Diagnostic Testing for Influenza Policy, Professional and Facility. • The policy will consider reimbursement of influenza testing procedure codes only when billed for certain conditions and not consider reimbursement of viral culture and serologic testing procedure codes when billed for influenza. • The Diagnostic Testing for Influenza Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	July 01, 2026
Diagnostic Testing for Influenza Policy, Professional and Facility **Reminder**	Idaho Nebraska	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the Diagnostic Testing for Influenza Policy, Professional and Facility. • The policy will consider reimbursement of influenza testing procedure codes only when billed for certain conditions and not consider reimbursement of viral culture and serologic testing procedure codes when billed for influenza. • The Diagnostic Testing for Influenza Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	August 01, 2026
Diagnostic Testing for Influenza Policy, Professional and Facility **First Notification**	Indiana Tennessee	• Effective for dates of service on or after October 1, 2026, UnitedHealthcare Community Plan will implement the Diagnostic Testing for Influenza Policy, Professional and Facility. • The policy will consider reimbursement of influenza testing procedure codes only when billed for certain conditions and not consider reimbursement of viral culture and serologic testing procedure codes when billed for influenza.	October 01, 2026

		• The Diagnostic Testing for Influenza Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	
Lyme Disease Testing Policy, Professional and Facility **Reminder**	Kansas	• Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the Lyme Disease Testing Policy, Professional and Facility. • The policy will consider reimbursement of serologic testing procedure codes for Lyme disease testing only when billed for certain conditions and not consider reimbursement of nucleic acid identification techniques (NAAT), direct or amplified probe, when billed for the detection of Borrelia burgdorferi. • The Lyme Disease Testing Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	July 01, 2026
Lyme Disease Testing Policy, Professional and Facility **Reminder**	Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the Lyme Disease Testing Policy, Professional and Facility. • The policy will consider reimbursement of serologic testing procedure codes for Lyme disease testing only when billed for certain conditions and not consider reimbursement of nucleic acid identification techniques (NAAT), direct or amplified probe, when billed for the detection of Borrelia burgdorferi. • The Lyme Disease Testing Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	August 01, 2026
Lyme Disease Testing Policy, Professional and Facility **First Notification**	Nebraska	• Effective for dates of service on or after October 1, 2026, UnitedHealthcare Community Plan will implement the Lyme Disease Testing Policy, Professional and Facility. • The policy will consider reimbursement of serologic testing procedure codes for Lyme disease testing only when billed for certain conditions and not consider reimbursement of nucleic acid identification techniques (NAAT), direct or amplified probe, when billed for the detection of Borrelia burgdorferi. • The Lyme Disease Testing Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	October 01, 2026

Flow Cytometry Policy, Professional and Facility **Reminder**	Idaho Indiana Kansas	• Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the Flow Cytometry Policy, Professional and Facility. • The policy will consider reimbursement of flow cytometry immunophenotyping of cell surface marker procedure codes only when billed for certain conditions. • Additionally, the policy will not consider reimbursement of flow cytometry-derived DNA content (DNA Index) or cell proliferative activity (S-phase fraction or % S-phase) when billed for prognostic or therapeutic purposes in the routine management of cancers. • The Flow Cytometry Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	July 01, 2026
Flow Cytometry Policy, Professional and Facility **Reminder**	Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the Flow Cytometry Policy, Professional and Facility. • The policy will consider reimbursement of flow cytometry immunophenotyping of cell surface marker procedure codes only when billed for certain conditions. • Additionally, the policy will not consider reimbursement of flow cytometry-derived DNA content (DNA Index) or cell proliferative activity (S-phase fraction or % S-phase) when billed for prognostic or therapeutic purposes in the routine management of cancers. • The Flow Cytometry Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	August 01, 2026
Flow Cytometry Policy, Professional and Facility **First Notification**	Nebraska	• Effective for dates of service on or after October 1, 2026, UnitedHealthcare Community Plan will implement the Flow Cytometry Policy, Professional and Facility. • The policy will consider reimbursement of flow cytometry immunophenotyping of cell surface marker procedure codes only when billed for certain conditions. • Additionally, the policy will not consider reimbursement of flow cytometry-derived DNA content (DNA Index) or cell proliferative activity (S-phase fraction or % S-phase) when billed for prognostic or therapeutic purposes in the routine management of cancers.	October 01, 2026

		• The Flow Cytometry Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	
Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility **Reminder**	Indiana Kansas	• Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility. • The policy will consider reimbursement of certain serum lipase concentration procedure codes for the initial determination of acute pancreatitis when billed for certain conditions and limit the frequency of reimbursement to once per week. • The policy will also not consider reimbursement of urinary amylase concentration for the initial determination of acute pancreatitis for individuals presenting with signs and symptoms of acute pancreatitis; not consider reimbursement of serum or urine trypsin/trypsinogen/ TAP for the assessment, prognosis, and/or determination of acute pancreatitis; and not consider reimbursement of certain biomarker procedure codes for the assessment, prognosis, and/or determination of acute pancreatitis. • The Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	July 01, 2026
Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility **Reminder**	Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility. • The policy will consider reimbursement of certain serum lipase concentration procedure codes for the initial determination of acute pancreatitis when billed for certain conditions and limit the frequency of reimbursement to once per week. • The policy will also not consider reimbursement of urinary amylase concentration for the initial determination of acute pancreatitis for individuals presenting with signs and symptoms of acute pancreatitis; not consider reimbursement of serum or urine trypsin/trypsinogen/ TAP for the assessment, prognosis, and/or determination of acute pancreatitis; and not consider reimbursement of certain biomarker procedure codes for the assessment, prognosis, and/or determination of acute pancreatitis.	August 01, 2026

		• The Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	
Fecal Calprotectin Testing Policy, Professional and Facility **Reminder**	Indiana Kansas	• Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the Fecal Calprotectin Testing Policy, Professional and Facility. • The policy will consider reimbursement for fecal calprotectin testing only when billed for certain conditions. • The Fecal Calprotectin Testing Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	July 01, 2026
Fecal Calprotectin Testing Policy, Professional and Facility **Reminder**	Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the Fecal Calprotectin Testing Policy, Professional and Facility. • The policy will consider reimbursement for fecal calprotectin testing only when billed for certain conditions. • The Fecal Calprotectin Testing Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	August 01, 2026
Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility **Reminder**	Colorado Kansas New York North Carolina Rhode Island	• Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the new Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility. • The new policy will not consider reimbursement for diagnostic testing procedure codes for fecal analysis in suspected or determined intestinal dysbiosis, irritable bowel syndrome, malabsorption, or small intestinal overgrowth of bacteria. • The Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, since February 2, 2026.	July 01, 2026

Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility **Reminder**	Kentucky Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the new Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility. • The new policy will not consider reimbursement for diagnostic testing procedure codes for fecal analysis in suspected or determined intestinal dysbiosis, irritable bowel syndrome, malabsorption, or small intestinal overgrowth of bacteria. • The Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, since February 2, 2026.	August 01, 2026
Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility **Reminder**	Colorado Kansas Kentucky New York North Carolina Rhode Island	• Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the new Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility. • This new reimbursement policy will limit reimbursement for Bone Turnover Marker Testing procedure codes when billed for Osteoporosis to once every 3 months. • The Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	July 01, 2026
Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility **Reminder**	Indiana Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the new Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility. • This new reimbursement policy will limit reimbursement for Bone Turnover Marker Testing procedure codes when billed for Osteoporosis to once every 3 months. • The Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	August 01, 2026
Immune Cell Function Assay Policy, Professional and Facility	Colorado New Mexico New York North Carolina	• Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the new Immune Cell Function Assay Policy, Professional and Facility.	July 01, 2026

Reminder	Rhode Island	• This new policy will not consider reimbursement for certain immune cell function assay procedure codes. • The Immune Cell Function Assay Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	
Immune Cell Function Assay Policy, Professional and Facility **Reminder**	Indiana Tennessee Virginia	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the new Immune Cell Function Assay Policy, Professional and Facility. • This new policy will not consider reimbursement for certain immune cell function assay procedure codes. • The Immune Cell Function Assay Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	August 01, 2026
Autoimmune Rheumatic Disease Policy, Professional and Facility **Reminder**	Colorado Kansas New Mexico North Carolina Rhode Island Virginia	• Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the new Autoimmune Rheumatic Disease Policy, Professional and Facility. • This new policy will not consider reimbursement for certain antinuclear antibodies (ANA) and extractable nuclear antigen (ENA) testing procedure codes for a general encounter without abnormal findings. • This new policy will also not consider reimbursement of certain procedure codes for the use of cell-bound complement activation products. • In addition, this new policy will not consider reimbursement of certain serum biomarker panel testing procedure codes when submitted for the conditions of systemic lupus erythematosus or connective tissue disease. • The Autoimmune Rheumatic Disease Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	July 01, 2026
Autoimmune Rheumatic Disease Policy, Professional and Facility	Indiana Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the new Autoimmune Rheumatic Disease Policy, Professional and Facility.	August 01, 2026

Reminder		• This new policy will not consider reimbursement for certain antinuclear antibodies (ANA) and extractable nuclear antigen (ENA) testing procedure codes for a general encounter without abnormal findings. • This new policy will also not consider reimbursement of certain procedure codes for the use of cell-bound complement activation products. • In addition, this new policy will not consider reimbursement of certain serum biomarker panel testing procedure codes when submitted for the conditions of systemic lupus erythematosus or connective tissue disease. • The Autoimmune Rheumatic Disease Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	
Chronic Heart Failure Policy, Professional and Facility **Reminder**	Colorado Florida North Carolina	• Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the new Chronic Heart Failure Policy, Professional and Facility. • This new policy will not consider reimbursement of the Presage® ST2 Assay procedure code for biomarker testing of chronic heart failure. • The Chronic Heart Failure Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	July 01, 2026
Chronic Heart Failure Policy, Professional and Facility **Reminder**	Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the new Chronic Heart Failure Policy, Professional and Facility. • This new policy will not consider reimbursement of the Presage® ST2 Assay procedure code for biomarker testing of chronic heart failure. • The Chronic Heart Failure Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	August 01, 2026
Chronic Heart Failure Policy, Professional and Facility	Indiana	• Effective for dates of service on or after October 1, 2026, UnitedHealthcare Community Plan will implement the new Chronic Heart Failure Policy, Professional and Facility.	October 01, 2026

First Notification		• This new policy will not consider reimbursement of the Presage® ST2 Assay procedure code for biomarker testing of chronic heart failure. • The Chronic Heart Failure Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	
Epithelial Cell Cytology Policy, Professional and Facility **Reminder**	Colorado Florida Kansas New York North Carolina	• Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the new Epithelial Cell Cytology Policy, Professional and Facility. • This new policy will not consider reimbursement of certain epithelial cell cytology analysis procedure codes for the assessment and management of breast cancer risk. • The Epithelial Cell Cytology Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	July 01, 2026
Epithelial Cell Cytology Policy, Professional and Facility **Reminder**	Indiana Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the new Epithelial Cell Cytology Policy, Professional and Facility. • This new policy will not consider reimbursement of certain epithelial cell cytology analysis procedure codes for the assessment and management of breast cancer risk. • The Epithelial Cell Cytology Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	August 01, 2026
Epithelial Cell Cytology Policy, Professional and Facility **Reminder**	Rhode Island	• Effective for dates of service on or after September 1, 2026, UnitedHealthcare Community Plan will implement the new Epithelial Cell Cytology Policy, Professional and Facility. • This new policy will not consider reimbursement of certain epithelial cell cytology analysis procedure codes for the assessment and management of breast cancer risk. • The Epithelial Cell Cytology Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	September 01, 2026
Intracellular Micronutrient Analysis Policy,	Colorado Kansas Kentucky	• Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the new Intracellular Micronutrient Analysis Policy, Professional and Facility.	July 01, 2026

Professional and Facility **Reminder**	North Carolina Rhode Island	• This new policy will not consider reimbursement of intracellular micronutrient panel testing for certain procedure codes. • The Intracellular Micronutrient Analysis Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	
Intracellular Micronutrient Analysis Policy, Professional and Facility **Reminder**	Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the new Intracellular Micronutrient Analysis Policy, Professional and Facility. • This new policy will not consider reimbursement of intracellular micronutrient panel testing for certain procedure codes. • The Intracellular Micronutrient Analysis Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	August 01, 2026
Onychomycosis Testing Policy, Professional and Facility **Reminder**	Colorado Florida Kansas Kentucky North Carolina Rhode Island	• Effective for dates of service on or after July 1, 2026, UnitedHealthcare Community Plan will implement the new Onychomycosis Testing Policy, Professional and Facility. • This new policy will not consider reimbursement of nucleic acid amplification testing (NAAT) procedure codes for individuals with onychomycosis and anti-fungal therapy resolved the infection. • In addition, this new policy will not consider reimbursement of the attenuated total-reflectance fourier transform infrared (ATR-FTIR) spectroscopy procedure code to screen for, determine, or confirm onychomycosis. • The Onychomycosis Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	July 01, 2026
Onychomycosis Testing Policy, Professional and Facility **Reminder**	Indiana Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the new Onychomycosis Testing Policy, Professional and Facility. • This new policy will not consider reimbursement of nucleic acid amplification testing (NAAT) procedure codes for individuals with onychomycosis and anti-fungal therapy resolved the infection.	August 01, 2026

		• In addition, this new policy will not consider reimbursement of the attenuated total-reflectance fourier transform infrared (ATR-FTIR) spectroscopy procedure code to screen for, determine, or confirm onychomycosis. • The Onychomycosis Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	
Testosterone Policy, Professional and Facility **First Notification**	Colorado Michigan New Mexico New York Pennsylvania	Effective for dates of service on or after October 1, 2026, UnitedHealthcare will implement the new Testosterone Policy, Professional and Facility The new policy will: • Consider reimbursement of serum total testosterone for the monitoring of treatment response in men taking enzyme inhibitors for prostate cancer, gender-dysphoric/gender-incongruent persons (baseline, during treatment, and for therapy monitoring) and symptomatic individuals being evaluated for conditions associated with androgen excess (e.g., polycystic ovary syndrome and functional hypothalamic amenorrhea) and will limit the frequency under certain conditions.. • Limit frequency of serum free testosterone, sex hormone–binding globulin (SHBG), and/or albumin to once annually for males who have hypogonadism, gynecomastia, and/or other forms of testicular hypofunction. • Consider reimbursement of procedures used to calculate bioavailable testosterone for individuals suspected of having a disorder associated with increased or decreased SHBG levels, based on free and total serum testosterone, sex hormone–binding globulin (SHBG), and/or albumin. • Limit frequency of serum estradiol to once per lifetime prior to initiating testosterone therapy in males with gynecomastia. • Consider reimbursement of serum dihydrotestosterone, for the determination of 5-alpha reductase deficiency, in individuals with ambiguous genitalia, hypospadias or microphallus. • Not consider reimbursement of serum total testosterone, free testosterone, and/or bioavailable testosterone for asymptomatic individuals or for individuals with non-specific symptoms.	October 01, 2026

		• This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	
Allergen Testing Policy, Professional and Facility **First Notification**	Colorado Florida Hawaii Michigan New York Rhode Island	Effective for dates of service on or after October 1, 2026, UnitedHealthcare will implement the new Allergen Testing Policy, Professional and Facility. The new policy will: • Not consider reimbursement of in vitro serum IgE testing of individuals 20 years of age or older for moderate to severe asthma or signs or symptoms of allergic bronchopulmonary aspergillosis. • Limit frequency of specific IgE in vitro allergy testing to up to twenty allergen specific antibodies per year for individuals 20 years of age or older. • Not consider reimbursement of antigen leukocyte antibody testing (ALCAT), basophil activation flow cytometry testing and in-vitro testing of IgG, IgA, IgM, and/or IgD when billed for signs or symptoms of allergies or in vitro allergen testing using bead-based epitope assays. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	October 01, 2026
Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility **First Notification**	Colorado Florida Hawaii Michigan New York Rhode Island	Effective for dates of service on or after October 1, 2026, UnitedHealthcare will implement the new Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility. The new policy will: • Limit frequency of multianalyte assay testing to once every six months to distinguish hepatic cirrhosis from non-cirrhosis for individuals with hepatitis b, hepatitis c, metabolic dysfunction-associated steatotic liver disease (MASLD) (including metabolic dysfunction-associated steatohepatitis [MASH]) or alcoholic hepatitis. • Not consider reimbursement of certain other multianalyte assays.	October 01, 2026

		• This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	
Vitamin B12 Testing Policy, Professional and Facility **First Notification**	Michigan	Effective for dates of service on or after October 1, 2026, UnitedHealthcare will implement the new Vitamin B12 Testing Policy, Professional and Facility The new policy will: • Limit frequency of total vitamin B12 testing to once every three months. • Consider reimbursement of homocysteine testing for vitamin B12 deficiency. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	October 01, 2026
In Vitro Chemotherapy Assays Policy, Professional and Facility **First Notification**	Hawaii Michigan New York	Effective for dates of service on or after October 1, 2026, UnitedHealthcare will implement the new In Vitro Chemotherapy Assays Policy, Professional and Facility. The new policy will: • Not consider reimbursement of in vitro chemotherapy sensitive and resistance assays. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	October 01, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
Same Day Same Service Policy Professional	New Jersey	• Effective with dates of service on or after June 01, 2026, UnitedHealthcare Community Plan will update the Same Day Same Service Policy, Professional. • The policy will be enhanced to account for the following:	August 01, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		○ Same Specialty Physician or Other Qualified Health Care Professional Physicians and/or Other Qualified Healthcare Professionals of the same group and same specialty reporting the same federal Tax Identification Number. For qualified health care professionals United may, at times, identify same specialty by related taxonomy codes. ○ Same Individual Physician or Other Qualified Health Care Professional The same individual rendering health care services, reporting the same National Provider Identifier (NPI). ○ Taxonomy Code A taxonomy code is a unique 10-character code that designates your classification and specialization. To find the taxonomy code that most closely describes your provider type, classification, or specialization, use the National Uniform Claim Committee (NUCC) code set list.	
Professional / Technical Component Policy, Professional - Reminder	Kentucky	• Effective for dates of service on or after September 1, 2026, UnitedHealthcare will enhance the Professional/Technical Component Policy, Professional. When a radiology service is rendered and the physician or other eligible qualified healthcare professional performs a review rather than the full written interpretation and report, the reimbursement for the professional component is considered included in the Evaluation and Management (E/M) service. This will occur whether the radiology service is billed globally or with modifier 26. • Effective October 1, 2024, the Professional/Technical Component Policy was enhanced so the interpretation of a radiology service appended with modifier 26 would not be considered for separate reimbursement when reported on the same date of service as an E/M service for the same patient by the same provider unless a copy of the radiology report was attached to support separate reimbursement. • With the current enhancement, when a global radiology code is billed on the same date of service as an E/M service for the same patient, by the same individual provider, the global radiology code's professional component will not be considered for separate reimbursement unless a copy of the radiology report is attached to support separate reimbursement.	September 01, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		• For example, if an internal medicine provider bills for an E/M service and a global radiology service, the provider would need to submit the report for the professional component of the global radiology service to be considered for separate reimbursement. • To help providers submit an interpretation report, a Smart Edit will be implemented which provides additional details regarding the process for submitting the full interpretation report.	
CCI Editing Policy, Professional and Facility	Nebraska	• Effective for dates of service on or after September 01, 2026, 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 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. ○ 29824 (Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) ○ 29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair) • 29828 (Arthroscopy, shoulder, surgical, biceps, tenodesis.	09/01/2026

Code Update			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
Reimbursement Policy Code Updates – Multiple Policies	Multiple	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. • 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: ○ Adjunct Professional Services ○ Age to Diagnosis Code and Procedure Code Policy, Professional ○ Ambulance Services, Professional ○ CCI Editing, Professional ○ Cesarean Delivery, Professional ○ Co-Surgeon/Team Surgeon, Professional ○ Diabetic & Orthopedic Shoes, Professional ○ Diagnosis Code Requirement Policy, Professional and Facility ○ DME, Orthotics and Prosthetics, Professional ○ Drug Testing Reimbursement Policy, Professional ○ Home Health Services, Professional ○ Incontinence Supply, Professional ○ Maximum Frequency per Day HCPCS, Professional ○ Modifier Reference, Professional ○ Molecular Pathology, Professional and Facility ○ MPPR for Diagnostic Imaging Policy, Professional	July 01, 2026

Code Update			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		○ Non-Covered and Covered Codes Policy, Facility ○ Non-Covered and Covered Codes Policy, Professional ○ Once in a Lifetime, Professional ○ Procedure and Place of Service, Professional ○ Procedure to Modifier, Professional ○ Professional/Technical Component, Professional ○ Revenue Codes Requiring Procedure Codes, Facility ○ Services and Modifiers Not Reimbursable to Health care Professionals Policy, Professional ○ Split Surgical (Mods 54, 55, 56), Professional ○ Standby Services, Professional ○ Telehealth/Virtual Health Policy, Professional and Facility ○ Vaccines For Children Policy, Professional ○ Vitamin D Testing, Professional and Facility	

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.

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