United Healthcare

UnitedHealthcare Community Plan
Reimbursement Policy Update Bulletin: June 2025

New			
Policy Title	**State(s)**	**Policy summary**	**Effective Date**
CCI Editing Policy, Professional and Facility	Texas	• Effective for dates of service on or after August 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 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.	August 01, 2025

Payment Reduction of Off-Campus Provider-Based Departments Billed with Modifier PO Policy, Facility	District of Columbia Florida Massachusetts New Mexico New York North Carolina Pennsylvania Rhode Island	• 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: o Services rendered in the Emergency Department o Critical Access Hospitals o Psychiatric, Rehabilitation, or Long-Term Care Hospitals or Hospital Units. o Hospitals located in Maryland, Puerto Rico or the U.S. territories. o Rural Sole Community Hospitals o Indian Health Service hospitals	September 01, 2025

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
Hospital Inclusive Charges Policy, Facility	Colorado District of Columbia Florida Hawaii Maryland Massachusetts Michigan Missouri New Mexico New York North Carolina Pennsylvania Rhode Island Virginia Washington Wisconsin	• Effective for dates of service on or after August 01, 2025, UnitedHealthcare will publish a new Hospital Inclusive Charges Policy, Facility that is in accordance with the Centers for Medicare and Medicaid Services' Provider Reimbursement Manual. This policy aims to provide guidelines on which items or services are not eligible for separate reimbursement during both inpatient and outpatient hospital visits. • Certain categories of items and services are included within the overall room and board or facility fee charge for an inpatient or outpatient visit or otherwise bundled within services provided as part of the visit, and therefore are not considered separately reimbursable by UnitedHealthcare. • Why did UnitedHealthcare publish this policy? UnitedHealthcare introduced the Hospital Inclusive Charges Policy to provide greater transparency into our process regarding items associated with certain inpatient and outpatient stays that aren't considered separately reimbursable. These items are already included within the room and board reimbursement or the reimbursement for an underlying procedure, as applicable. • What should facilities expect to see differently? Facilities already receive documentation requests to ensure reimbursements comply with policy requirements as part of our standard process. This will provide greater transparency into that process, which is used today in reviews and audits of claims paid on a percent of charge basis such as itemized bill reviews and hospital bill audits.	August 01, 2025

Molecular Pathology Policy, Professional and Facility	Texas	• Effective with dates of service on or after August 01, 2025, UnitedHealthcare Community Plan will revise the Molecular Pathology Policy, Professional. • The updated reimbursement policy requirements will apply to both professional and facility claims, and the policy name will be updated to Molecular Pathology Policy, Professional and Facility. • The policy will require the submission of a DEX Z-code® which would be obtained from the Palmetto DEX Registry for claims to be considered for reimbursement. • The registry can be found on www.dexzcodes.com. • Claims for molecular pathology services will be denied if the DEX Z- code® information is missing, invalid, or does not match the service represented by the CPT code reported on the claim. • Claims denied for missing or invalid information may be resubmitted with the required information. • The Palmetto DEX Z- code® should be reported in Loop 2400 or SV-101-7 for professional electronic claims and in box 19 for paper claims. Facility claims should be reported in Loop 2400 or SV-202-7.	August 01, 2025
Modifier Policy, Facility Reminder	Texas	• The new Modifier Policy, Facility, will be effective July 01, 2025, for dates of service on or after October 25, 2024. • In alignment with the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS), modifier 53 is not appropriate for reporting on a UB-04 claim form. Therefore, United Healthcare Community Plan will deny the claim line reported with modifier 53 on outpatient facility claims.	July 01, 2025

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:
		  • Add-On Codes, Facility
		  • Add-On Codes, Professional
		  • Age to Diagnosis Code and Procedure Code Policy, Professional
		  • Anatomical Modifier Requirement Policy, Professional
		  • B Bundle, Professional
		  • Care Plan Oversight, Professional
		  • Device, Implant, and Skin Substitute Policy, Facility
		  • Diabetic & Orthopedic Shoes, Professional
		  • Discarded Drugs and Biologicals, Professional and Facility
		  • Discontinued Procedure (Mod 53), Professional
		  • DME, Orthotics and Prosthetics, Professional
		  • Gender to Procedure and Diagnosis, Professional
		  • Home Health Services, Professional
		  • Incontinence Supply, Professional
		  • Maximum Frequency per Day CPT, Professional
			June 01, 2025

Code Update			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		• Maximum Frequency per Day HCPCS, Professional • Medically Unlikely Edits (MUE), Professional and Facility • Modifier Policy, Facility • Mohs Micrographic Surgery Policy, Professional • Non-Covered and Covered Codes Policy, Facility • Non-Covered and Covered Codes Policy, Professional • Obstetrical Ultrasound, Professional • Orthotics (L3000), Professional • Outpatient Hospital Observation Policy, Facility • Pediatric and Neonatal Critical and Intensive Care Services, Professional • Procedure and Place of Service, Professional • Procedure to Modifier, Professional • Professional/Technical Component, Professional • Prolonged Services, Professional • Radiation Therapy Planning - Dosimetry, Simulation/Devices and Management Policy, Professional & Fac • Rebundling, Professional • Respiratory Viral Panel Testing, Professional and Facility • Revenue Codes Requiring Procedure Codes, Facility • Services by Residents, Interns and Medical Students Policy, Professional • Standby Services, Professional • Telehealth/Virtual Health Policy, Professional and Facility • 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.