United Healthcare

UnitedHealthcare Community Plan
Reimbursement Policy Update Bulletin: November 2025

New			
Policy Title	**State(s)**	**Policy summary**	**Effective Date**
Diabetes Mellitus Testing Policy, Professional and Facility	Florida, Hawaii, Michigan, New Mexico, New York, North Carolina, Washington, Washington DC, Wisconsin	• Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Diabetes Mellitus Testing Policy, Professional and Facility. • The new policy will limit reimbursement for hemoglobin A1c procedure codes 83036 and 83037 when billed for diabetes mellitus testing to once every three months. • This new reimbursement Diabetes Mellitus Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on November 8, 2025.	February 01, 2026
Iron Homeostasis and Metabolism Policy, Professional and Facility	Hawaii, Massachusetts, Michigan, New Mexico, New York, North Carolina, Pennsylvania, Washington DC, Wisconsin	• Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Iron Homeostasis and Metabolism Policy, Professional and Facility. • The new policy will not consider for reimbursement certain serum hepcidin testing procedure codes when billed for iron homeostasis and metabolism. • This new reimbursement Iron Homeostasis and Metabolism Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on November 8, 2025.	February 01, 2026

Diagnostic Testing for Influenza Policy, Professional and Facility	Hawaii, Michigan, New Mexico, North Carolina, Pennsylvania, Virginia, Washington DC, Wisconsin	• Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Diagnostic Testing for Influenza Policy, Professional and Facility. • The new policy will consider for reimbursement influenza testing procedure codes only when billed for certain conditions and not consider for reimbursement viral culture and serologic testing procedure codes when billed for influenza. • This new reimbursement Diagnostic Testing for Influenza Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on November 8, 2025.	February 01, 2026
Lyme Disease Testing Policy, Professional and Facility	Florida, Hawaii, Michigan, New Mexico, North Carolina, Pennsylvania, Virginia, Washington DC, Wisconsin	• Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Lyme Disease Testing Policy, Professional and Facility. • The new policy will consider for reimbursement serologic testing procedure codes for Lyme disease testing only when billed for certain conditions and not consider for reimbursement nucleic acid identification techniques (NAAT), direct or amplified probe, when billed for the detection of Borrelia burgdorferi. • This new reimbursement Lyme Disease Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on November 8, 2025.	February 01, 2026
Flow Cytometry Policy, Professional and Facility	Florida, Hawaii, Michigan, New Mexico, North Carolina, Virginia, Washington DC, Wisconsin	• Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Flow Cytometry Policy, Professional and Facility. • The new policy will consider reimbursement of flow cytometry immunophenotyping of cell surface marker procedure codes only when billed for certain conditions. In addition, it will limit the frequency of reimbursement of certain flow cytometry immunophenotyping of cell surface marker procedure codes to various limits and not consider for reimbursement flow cytometry-derived DNA content (DNA Index) or cell	February 01, 2026

		proliferative activity (S-phase fraction or % S-phase) when billed for prognostic or therapeutic purposes in the routine management of cancers. • This new reimbursement Flow Cytometry Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on November 8, 2025.	
Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility	Florida, Hawaii, Michigan, New Mexico, North Carolina, Washington DC, Wisconsin	• Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility. • The new 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 new policy will also not consider for reimbursement urinary amylase concentration for the initial determination of acute pancreatitis for individuals presenting with signs and symptoms of acute pancreatitis; not consider for reimbursement serum or urine trypsin/trypsinogen/ TAP for the assessment, prognosis, and/or determination of acute pancreatitis; and not consider for reimbursement certain biomarker procedure codes for the assessment, prognosis, and/or determination of acute pancreatitis. • This new reimbursement Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on November 8, 2025.	February 01, 2026
Prostate Biopsy Specimen Analysis Policy, Professional and Facility	Florida, Hawaii, Michigan, New Mexico, North Carolina, Pennsylvania,	• Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Prostate Biopsy Specimen Analysis Policy, Professional and Facility. • The new policy will consider reimbursement of pathological examination of tissue obtained from a prostate biopsy involving up to twelve core extended samplings only	February 01, 2026

	Virginia, Washington DC, Wisconsin	when performed as a follow up to abnormal PSA results, the presence of a palpable nodule on digital rectal examination, or suspicious radiologic findings and limit the reimbursement frequency of certain prostate needle biopsy procedure codes to once per date of service. • This new reimbursement Prostate Biopsy Specimen Analysis Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on November 8, 2025.	
Fecal Calprotectin Testing Policy, Professional and Facility	Florida, Michigan, New Mexico, North Carolina, Pennsylvania, Virginia, Washington DC, Wisconsin	• Effective for dates of service on or after February 1, 2026, UnitedHealthcare Community Plan will implement the new Fecal Calprotectin Testing Policy, Professional and Facility. • The new policy will consider reimbursement for fecal calprotectin testing only when billed for certain conditions. • This new reimbursement Fecal Calprotectin Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on November 8, 2025.	February 01, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
Rebundling Policy, Professional - Reminder	Tennessee	• Effective with dates of service on or after January 01, 2026, HCPCS code G0545 will be included within the UnitedHealthcare Community Plan Rebundling Policy, Professional • UnitedHealthcare's Community Plan reimbursement for the services associated with G0545 is included in its reimbursement for outpatient evaluation and management services and therefor G0545 is not separately reimbursable	January 01, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
Rebundling Policy, Professional	Texas	• Effective with dates of service on or after March 01, 2026, HCPCS code G0545 will be included within the UnitedHealthcare Community Plan Rebundling Policy, Professional • UnitedHealthcare's Community Plan reimbursement for the services associated with G0545 is included in its reimbursement for outpatient evaluation and management services and therefor G0545 is not separately reimbursable	March 01, 2026

Anatomical Modifier Requirement Policy, Professional	Florida, Hawaii, Maryland, Massachusetts, Michigan, Missouri, New Mexico, New York, Rhode Island, Virginia, Washington, Washington DC, Wisconsin	Effective with dates of service on or after February 1, 2026, UnitedHealthcare will enhance the Anatomical Modifier Requirement Policy, Professional to align with the Center for Medicare and Medicaid Services (CMS) requirement that the appropriate laterality and/or anatomical modifiers be applied to surgical and radiological codes.
		
		• Surgical Codes (10000-69999 Series)
		  ○ For codes related to a specific digit, the correct anatomical or laterality modifier must be used (FA, F1-F9, TA, T1-T9, LT, RT, 50).
		  ○ For codes not related to a specific digit, the appropriate laterality modifier (LT, RT, 50) must be used when applicable.
		• Radiological Codes (70000 Series)
		  ○ For codes related to a specific digit, the correct anatomical or laterality modifier must be used (FA, F1-F9, TA, T1-T9, LT, RT, 50).
		  ○ For codes not related to a specific digit, the appropriate laterality modifier (LT, RT, 50) must be used when applicable.
		
		Modifiers play a critical role in medical coding by enhancing clarity and specificity. Submitting the appropriate modifiers to specify the exact area of the body where a procedure was performed helps eliminate the concern of duplicate billing and/or unbundling and helps ensure accurate reimbursement for the services rendered.
			February 01, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Policy, Professional - Reminder	Hawaii Washington	• Effective with dates of service on or after December 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.	December 01, 2025
Readmission Policy, Facility - Reminder	Missouri	• Effective with claims dates of services on or after January 01, 2026, the Readmission Policy, Facility will be applied to the state of Missouri. • Consistent with the Centers for Medicare and Medicaid Services (CMS), the UnitedHealthcare Community Plan Readmission Policy, Facility outlines the review process of all Readmissions an acute care hospital within 30 days of discharge.	January 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:
		  • Age to Diagnosis Code and Procedure Code Policy, Professional
		  • Bilateral Procedures, Facility
		  • Bilateral Procedures, Professional
		  • Contrast & Radiopharmaceutical Materials, Professional
		  • Diagnosis Code Requirement Policy, Professional and Facility
		  • Discarded Drugs and Biologicals, Professional and Facility
		  • DME, Orthotics and Prosthetics, Professional
		  • Drug Testing Reimbursement Policy, Professional
		  • Facility Billing
		  • From - To Date, Professional
			December 01, 2025

Code Update			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		• Gender to Procedure and Diagnosis, Professional • Incontinence Supply, Professional • Maximum Frequency per Day CPT, Professional • Maximum Frequency per Day HCPCS, Professional • Medically Unlikely Edits (MUE), Professional and Facility • Non-Covered and Covered Codes Policy, Facility • Non-Covered and Covered Codes Policy, Professional • Obstetrical Services, Professional • Obstetrical Ultrasound, Professional • Outpatient Medical Visits and Trauma Activation Policy, Facility • Preventive Medicine and Screening, Professional • Procedure and Place of Service, Professional • Procedure to Modifier, Professional • Radiation Therapy Planning - Dosimetry, Simulation/Devices and Management Policy, Professional & Fac • Rebundling, Professional • Replacement Codes Policy, Professional • Same Day/Same Service, Professional • Services and Modifiers Not Reimbursable to Health care Professionals Policy, Professional • Split Surgical (Mods 54, 55, 56), Professional • 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.