

UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: October 2025

New																																																											
Policy Title	State(s)	Policy summary	Effective Date																																																								
Radiation Therapy – Dosimetry, Simulation/Devices and Management Policy, Professional and Facility	New Jersey	<ul style="list-style-type: none"> Effective for dates of service on or after November 1, 2025, UnitedHealthcare will implement the new Radiation Therapy – Dosimetry, Simulation/Devices and Management Policy, Professional and Facility. Radiation therapy dosimetry, simulation, and management services, identified with select CPT® codes, will have unit limitations during a 90-day episode of care, as noted below. Units billed in excess of the reimbursable units will not be considered for reimbursement. <table border="1"> <thead> <tr> <th>Procedure Code</th><th>Reimbursable Units</th><th>Descriptions</th><th>Treatment Description</th></tr> </thead> <tbody> <tr> <td>77280</td><td>4</td><td>Therapeutic radiology simulation-aided field setting; simple</td><td>Simulation</td></tr> <tr> <td>77285</td><td>2</td><td>Therapeutic radiology simulation-aided field setting; intermediate</td><td>Simulation</td></tr> <tr> <td>77290</td><td>3</td><td>Therapeutic radiology simulation-aided field setting; complex</td><td>Simulation</td></tr> <tr> <td>77295</td><td>2</td><td>3-dimensional radiotherapy plan, including dose-volume histograms</td><td>3-D Radiotherapy</td></tr> <tr> <td>77300</td><td>10</td><td>Basic radiation dosimetry calculation</td><td>Basic Dosimetry</td></tr> <tr> <td>77301</td><td>5</td><td>Intensity modulated radiotherapy plan, including dose-volume histograms</td><td>IMRT Dose Planning</td></tr> <tr> <td>77332</td><td>10</td><td>Treatment devices, design and construction; simple</td><td>Treatment Devices</td></tr> <tr> <td>77333</td><td>10</td><td>Treatment devices, design and construction; intermediate</td><td>Treatment Devices</td></tr> <tr> <td>77334</td><td>10</td><td>Treatment devices, design and construction; complex</td><td>Treatment Devices</td></tr> <tr> <td>77338</td><td>5</td><td>Multi-leaf collimator (MLC) design and construction per IMRT plan</td><td>MLT Device for IMRT</td></tr> <tr> <td>77427</td><td>9</td><td>Radiation treatment management, 5 treatments</td><td>Radiation Therapy Treatment Mgmt</td></tr> <tr> <td>77431</td><td>1</td><td>Radiation therapy management with complete course of therapy</td><td>Radiation Therapy Treatment Mgmt</td></tr> <tr> <td>77435</td><td>1</td><td>Stereotactic body radiation therapy, treatment management</td><td>Radiation Therapy Treatment Mgmt</td></tr> </tbody> </table> <ul style="list-style-type: none"> These limits apply only to codes for the dosimetry, simulation, and management aspect of radiation therapy treatment planning and not to radiation therapy treatment itself. 	Procedure Code	Reimbursable Units	Descriptions	Treatment Description	77280	4	Therapeutic radiology simulation-aided field setting; simple	Simulation	77285	2	Therapeutic radiology simulation-aided field setting; intermediate	Simulation	77290	3	Therapeutic radiology simulation-aided field setting; complex	Simulation	77295	2	3-dimensional radiotherapy plan, including dose-volume histograms	3-D Radiotherapy	77300	10	Basic radiation dosimetry calculation	Basic Dosimetry	77301	5	Intensity modulated radiotherapy plan, including dose-volume histograms	IMRT Dose Planning	77332	10	Treatment devices, design and construction; simple	Treatment Devices	77333	10	Treatment devices, design and construction; intermediate	Treatment Devices	77334	10	Treatment devices, design and construction; complex	Treatment Devices	77338	5	Multi-leaf collimator (MLC) design and construction per IMRT plan	MLT Device for IMRT	77427	9	Radiation treatment management, 5 treatments	Radiation Therapy Treatment Mgmt	77431	1	Radiation therapy management with complete course of therapy	Radiation Therapy Treatment Mgmt	77435	1	Stereotactic body radiation therapy, treatment management	Radiation Therapy Treatment Mgmt	November 01, 2025
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		<ul style="list-style-type: none"> A 90-day episode of care begins when one of the therapeutic radiology treatment planning CPT® codes (77261, 77262, and 77263) are billed. A new episode of care begins again if a radiation treatment planning code is submitted before the previous 90-day episode of care ends. 	
Discarded Drugs and Biologicals Policy, Professional and Facility	Florida	<ul style="list-style-type: none"> Effective November 1, 2025, UnitedHealthcare will align with the Centers for Medicare and Medicaid (CMS) requirement for reporting the JZ modifier. In accordance with CMS Medicare Claims Processing Manual Chapter 17 (Section 40) providers and suppliers are required to report the JZ modifier to attest that no amount of drug or biological from a single-dose container or a single-use package was unused or discarded. The use of the JW modifier will continue to be required when submitting claims for any waste from a single-dose container or single-use package. 	November 01, 2025

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Policy, Professional	Indiana New Mexico New York Texas Wisconsin	<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". 	November 01, 2025

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> 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. 	
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
Rebundling Policy, Professional	Kentucky	<ul style="list-style-type: none"> Effective with dates of service on or after November 1, 2025, HCPCS code G2211 will be included within the UnitedHealthcare Community Plan Rebundling Policy, Professional. UnitedHealthcare’s Community Plan reimbursement for the services associated with G2211 is included in its reimbursement for outpatient evaluation and management services and therefor G2211 is not separately reimbursable. 	November 01, 2025
Hospital Inclusive Charges Policy, Facility	Tennessee	<ul style="list-style-type: none"> 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 	November 01, 2025

Revised			
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		<p>provided as part of the visit, and therefore are not considered separately reimbursable by UnitedHealthcare.</p> <ul style="list-style-type: none"> 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. 	
Anatomical Modifier Requirement Policy, Professional	Tennessee	<ul style="list-style-type: none"> Effective with dates of service on or after August 1, 2024 UnitedHealthcare Community Plan will enhance the Anatomical Modifier Requirement Policy, Professional to include the use of anatomical modifiers for surgical procedures. <ul style="list-style-type: none"> Applies to Surgical Codes with a bilateral status indicator of 1 (CPT Codes 10000-69999) as outlined by CMS on the Medicare Physician Fee Schedule. Claim lines that do not have the appropriate anatomical modifier (50, LC, LD, LM, RC, RI, E1-E4, FA, F1-F9, LT, RT, TA, T1-T9) appended to the claim line will be denied 	November 01, 2025
Rebundling Policy, Professional	Tennessee	<ul style="list-style-type: none"> Effective with dates of service on or after September 01, 2024, HCPCS code G2211 will be included within the UnitedHealthcare Community Plan Rebundling Policy, Professional 	November 01, 2025

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> UnitedHealthcare's Community Plan reimbursement for the services associated with G2211 is included in its reimbursement for outpatient evaluation and management services and therefor G2211 is not separately reimbursable 	
Rebundling Policy, Professional	Tennessee	<ul style="list-style-type: none"> Effective with dates of service on or after January 01, 2025, 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, 2025
Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Policy, Professional	Hawaii Washington	<ul style="list-style-type: none"> 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

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Readmission Policy, Facility	Missouri	<ul style="list-style-type: none"> 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	<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. Check published policy to determine impact at the state level. 	November 01, 2025

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> 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 Adjunct Professional Services Age to Diagnosis Code and Procedure Code Policy, Professional Ambulance Services, Professional Anatomical Modifier Requirement Policy, Professional Appropriate Patient Discharge Status for Type of Bill Policy, Facility Assistant-at-Surgery Services, Professional B Bundle, Professional Co-Surgeon/Team Surgeon, Professional Discarded Drugs and Biologicals, Professional and Facility DME, Orthotics and Prosthetics, Professional Facility Billing Gender to Procedure and Diagnosis, Professional Home Health Services, Professional Hospital Based Ambulance, Facility Maximum Frequency per Day CPT, Professional Maximum Frequency per Day HCPCS, Professional Medically Unlikely Edits (MUE), Professional and Facility 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 Obstetrical Services, Professional Obstetrical Ultrasound, Professional Once in a Lifetime, Professional Outpatient Hospital CCI Editing, Facility Procedure and Place of Service, Professional 	

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> • Procedure to Modifier, Professional • Radiation Therapy Planning - Dosimetry, Simulation/Devices and Management Policy, Professional & Fac • Rebundling, Professional • Robotic Assisted Surgery, Professional • Services and Modifiers Not Reimbursable to Health care Professionals Policy, Professional • Services by Residents, Interns and Medical Students Policy, Professional • Supply Policy, Professional • Telehealth/Virtual Health Policy, Professional and Facility • Unlisted Services Policy, Professional • Vaccines For Children Policy, Professional • Wrong Surgical or Other Invasive Procedures 	

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 Planed](#).