UnitedHealthcare Commercial

Reimbursement Policy Update Bulletin: July 2025

New

Policy Title	Effective Date	Policy Summary
New Payment Reduction of Off Campus Provider Based Departments Billed with Modifier PO Policy, Facility - Reminder	September 1, 2025	• 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: • 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

Revised

Policy Title	Effective Date	Summary of Changes
Anesthesia Policy, Professional	October 1, 2025 (November 1, 2025 for Colorado, Kentucky, Ohio and Rhode Island)	UnitedHealthcare is updating the anesthesia reimbursement calculations in its Anesthesia Policy, Professional – UnitedHealthcare Commercial Plans and Exchange to more precisely align reimbursement with the services rendered. We will be making updates to our anesthesia calculations as follows:

Revised

Policy Title	Effective Date	Summary of Changes

		• Effective for dates of service on or after October 1, 2025, a 15% reduction in reimbursement will be applied to claims submitted for services rendered by a Certified Registered Nurse Anesthetist (CRNA) for personally performed anesthesia services when appended with the QZ modifier. This aligns the reimbursement methodology for CRNAs with other advanced practice providers.
		  ◦ Providers in Arkansas, California, Colorado, Hawaii, Massachusetts, New Hampshire, and Wyoming will be excluded from this reduction.
		
		• UnitedHealthcare will align with CMS regarding the modifying units portion of the anesthesia calculation as follows:
		  ➢ To no longer include the units for physical status modifiers P3, P4 and P5 in the anesthesia reimbursement calculation. CMS uses these modifiers in anesthesia billing to classify a patient's health condition. Alignment with CMS will accommodate the physical status modifiers being reported as informational to document a patient's medical co-morbidities.
		  ➢ To no longer include additional units for qualifying circumstances codes 99100, 99116, 99135 and 99140 in the anesthesia reimbursement calculation. CMS has assigned these codes a payment status of B in the National Physician Fee Schedule (NPFS) and considers them bundled services and therefore not separately reimbursed.
		
		• Appropriate modifiers should still be appended based on the services rendered.

Code Updates

Policy Title	Effective Date	Summary of Changes

Reimbursement Policy Code Updates – Multiple Policies	N/A	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.
		
		• The following UnitedHealthcare policies have recently been updated to include code changes:
		  ◦ DME, Orthotics and Prosthetics Policy, Professional
		  ◦ Maximum Frequency per Day Policy, Professional
		  ◦ National Drug Code (NDC) Requirement Policy, Professional and Facility
		  ◦ Outpatient Hospital Maximum Frequency Per Day (MFD) Policy, Facility
		  ◦ Supply Policy, Professional
		
		• 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.

Code Updates		
Policy Title	**Effective Date**	**Summary of Changes**
		• 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.

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 Commercial Reimbursement Policies is available **UHCprovider.com** > Coverage and payments > Policies and protocols > For Commercial Plans > Reimbursement Policies for UnitedHealthcare Commercial Plans.