UnitedHealthcare Community Plan
Reimbursement Policy Update Bulletin: July 2025

New

Policy Title	State(s)	Policy summary	Effective Date
Radiation Therapy – Dosimetry, Simulation/Devices and Management Policy, Professional and Facility	Arizona	• Effective for dates of service on or after August 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.	August 01, 2025

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

- 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.
- 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.

Payment Reduction of Off-Campus Provider-Based Departments Billed with Modifier PO Policy, Facility - Reminder	District of Columbia Florida Massachusetts New Mexico New York 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
Ambulance Policy, Professional - Reminder	Ohio Arizona	• Effective for dates of service on or after August 1, 2025, UnitedHealthcare will enhance the new Ambulance Policy, Professional. • In alignment with CMS, ambulance services to and from an originating facility to another facility for services such as diagnostic tests or specialty treatment will not be reimbursed if the date(s) of service overlap with an inpatient stay. The date span criteria will exclude the date of admission and discharge.	August 01, 2025

CCI Editing Policy, Professional and Facility - Reminder	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

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
Hospital Inclusive Charges Policy, Facility -Reminder	Colorado District of Columbia Florida Hawaii Massachusetts Michigan New Mexico New York 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 - Reminder	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

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:
		  • After Hours and Weekend Care, Professional
		  • Age to Diagnosis Code and Procedure Code Policy, Professional
		  • Ambulance Services, Professional
		  • Assistant-at-Surgery Services, Professional
		  • Audiologic/Vestibular Function Testing, Professional
		  • Bilateral Procedures, Facility
		  • Bilateral Procedures, Professional
		  • CCI Editing, Professional
		  • Cesarean Delivery, Professional
		  • Device, Implant, and Skin Substitute Policy, Facility
		  • Diagnosis Code Requirement Policy, Professional and Facility
		  • Discarded Drugs and Biologicals, Professional and Facility
		  • Discontinued Procedure (Mod 53), Professional
		  • DME, Orthotics and Prosthetics, Professional
		  • Drug Testing Reimbursement Policy, Professional
			July 01, 2025

Code Update			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**
		• Gender to Procedure and Diagnosis, Professional • Global Days, Professional • Home Health Services, Professional • Incontinence Supply, Professional • Increased Procedural Service (Mods 22 & 63), Professional • Kansas Obstetrical Sonogram Policy, Facility • Laboratory Services, Professional • Maximum Frequency per Day CPT, Professional • Maximum Frequency per Day HCPCS, Professional • Medically Unlikely Edits (MUE), Professional and Facility • Modifier Policy, Facility • MPPR for Diagnostic Imaging Policy, Professional • New Patient Visit, Professional • Non-Covered and Covered Codes Policy, Facility • Non-Covered and Covered Codes Policy, Professional • Observation Services, Facility • Obstetrical Services, Professional • Preventive Medicine and Screening, Professional • Procedure and Place of Service, Professional • Procedure to Modifier, Professional • Reduced Services (Mod 52), Professional • Replacement Codes Policy, Professional • Revenue Codes Requiring Procedure Codes, Facility • Robotic Assisted Surgery, Professional • Same Day/Same Service, Professional • Services by Residents, Interns and Medical Students Policy, Professional • Split Surgical (Mods 54, 55, 56), Professional • Standby Services, Professional • Supply Policy, Professional • T Status Codes, Professional • Telehealth/Virtual Health Policy, Professional and Facility • Unlisted Services Policy, Professional • Vaccines For Children Policy, Professional • Vitamin D Testing, 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 Plan.