June 2026 Reimbursement / Payment Policy Updates

Notification Date: 07/01/2026
July 2026 Provider Manual Summary of Changes

The following policy changes will be effective 08/01/2026

Policy Title	Summary of Changes
Bundled Services	Annual Review. Added Date section for quick reference; Added disclaimer; Added Description Section; Updated Policy Section to remove individualized statements of bundled services and replaced with standards by which the statements were based (status indicators, NCCI, etc.), Deleted Coding Section as it only served for definition of the individualized statements that were also removed; Added Related Policies Section; Added References Section.
Medically Unlikely Units	Annual review; Renamed policy from "Medically Unlikely, Mutually Exclusive, and Component Procedures" to "Medically Unlikely Units"; Added Date section for quick reference; Added disclaimer; Added Description Section; Updated Policy Section; Updated Reimbursement Guidelines section by relocating Mutually Exclusive Procedures and Comprehensive and Component Procedures information into Oscar's Bundled Services reimbursement policy and added details about MUEs, indicators, and units over time; Added Related Policies Section; Added References Section.
Pharmacy Sourcing for Select Provider-Administered Drugs	Annual review. Removed Avsola and Inflectra from Appendix Table 1; Updated related policy section to ensure policy names align with the policy library.

The following policy changes will be effective 10/01/2026

Policy Title	Summary of Changes
Claim Submission Requirements	Original Documentation; Governance Approved
Observation	Annual review; Added disclaimer; Added additional information to Policy Section; Updated Reimbursement Guidelines Section by

	adding sub-headings, rearranging the order of information, adding additional guidance, updating bullet format, and updated stance on ED visits that precede observation; Updated Billing and Coding section with information, codes, and code descriptions; Updated the CMS reference within the References Section.
Radiology	Annual Review; Added disclaimer; Updated Description section and relocated the information about professional and technical components to Reimbursement Guidelines section; Updated Policy section; Updated Reimbursement Guidelines section by adding Professional/Technical Component sub-section, added information to Multiple Radiology Procedures and PET Scan sub-sections, and updated Contrast Media/Radiopharmaceutical Materials sub-section to categorize non-reimbursable contrast based on associated radiological procedure or place of service; Deleted Billing and Coding section; Added policy to Related Policies section; Updated links in the References section.

The following policy changes will be effective 10/01/2026
These policies can be found under the new Laboratory Routine Test Management heading on the Reimbursement / Payment Policies page.

Policy Title	Summary of Changes
Allergen Testing	Original Documentation; Governance Approved
β-Hemolytic Streptococcus Testing	Original Documentation; Governance Approved
Biochemical Markers of Alzheimer Disease and Dementia	Original Documentation; Governance Approved
Biomarker Testing for Autoimmune Rheumatic Disease	Original Documentation; Governance Approved
Biomarkers for Myocardial Infarction and Chronic Heart Failure	Original Documentation; Governance Approved
Bone Turnover Markers Testing	Original Documentation; Governance Approved
Cardiovascular Disease Risk Assessment	Original Documentation; Governance Approved
Celiac Disease Testing	Original Documentation; Governance Approved
Cervical Cancer Screening	Original Documentation; Governance Approved
Colorectal Cancer Screening	Original Documentation; Governance Approved
Coronavirus Testing in the Outpatient Setting	Original Documentation; Governance Approved

Diabetes Mellitus Testing	Original Documentation; Governance Approved
Diagnosis of Idiopathic Environmental Intolerance	Original Documentation; Governance Approved
Diagnosis of Vaginitis	Original Documentation; Governance Approved
Diagnostic Testing of Common Sexually Transmitted Infections	Original Documentation; Governance Approved
Diagnostic Testing of Influenza	Original Documentation; Governance Approved
Diagnostic Testing of Iron Homeostasis & Metabolism	Original Documentation; Governance Approved
Epithelial Cell Cytology in Breast Cancer Risk Assessment	Original Documentation; Governance Approved
Evaluation of Dry Eyes	Original Documentation; Governance Approved
Fecal Analysis in the Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant Testing	Original Documentation; Governance Approved
Flow Cytometry	Original Documentation; Governance Approved
Folate Testing	Original Documentation; Governance Approved
Gamma-glutamyl Transferase	Original Documentation; Governance Approved
General Inflammation Testing	Original Documentation; Governance Approved
Helicobacter Pylori Testing	Original Documentation; Governance Approved
Hepatitis Testing	Original Documentation; Governance Approved
Human Immunodeficiency Virus (HIV)	Original Documentation; Governance Approved
Identification of Microorganisms using Nucleic Acid Probes	Original Documentation; Governance Approved
Immune Cell Function Assay	Original Documentation; Governance Approved
Immunohistochemistry	Original Documentation; Governance Approved
Immunopharmacologic Monitoring of Therapeutic Serum Antibodies	Original Documentation; Governance Approved
In Vitro Chemoresistance and Chemosensitivities Assays	Original Documentation; Governance Approved
Laboratory Procedures Reimbursement Policy	Original Documentation; Governance Approved
Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease	Original Documentation; Governance Approved
Lyme Disease Testing	Original Documentation; Governance Approved

Metabolite Markers of Thiopurines Testing	Original Documentation; Governance Approved
Micronutrient Analysis	Original Documentation; Governance Approved
Nerve Fiber Density	Original Documentation; Governance Approved
Onychomycosis Testing	Original Documentation; Governance Approved
Oral Cancer Screening and Testing	Original Documentation; Governance Approved
Pancreatic Enzyme Testing for Acute Pancreatitis	Original Documentation; Governance Approved
Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing	Original Documentation; Governance Approved
Pathogen Panel Testing	Original Documentation; Governance Approved
Pediatric Preventative Screening	Original Documentation; Governance Approved
Prenatal Screening (Nongenetic)	Original Documentation; Governance Approved
Prenatal Testing for Fetal Aneuploidy	Original Documentation; Governance Approved
Prescription Medication and Illicit Drug Testing in the Outpatient Setting	Original Documentation; Governance Approved
Prostate Biopsy Specimen Analysis	Original Documentation; Governance Approved
Prostate Specific Antigen (PSA) Testing	Original Documentation; Governance Approved
RTM Testing for Alpha-1 Antitrypsin	Original Documentation; Governance Approved
RTM Testing of Homocysteine Metabolism-Related Conditions	Original Documentation; Governance Approved
RTM Venous and Arterial Thrombosis Risk Testing	Original Documentation; Governance Approved
Salivary Hormone Testing	Original Documentation; Governance Approved
Serum Biomarker Testing for Multiple Sclerosis and Related Neurologic Disease	Original Documentation; Governance Approved
Serum Testing for Evidence of Mild Traumatic Brain Injury	Original Documentation; Governance Approved
Serum Testing for Hepatic Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease	Original Documentation; Governance Approved
Serum Tumor Markers for Malignancies	Original Documentation; Governance Approved
Testing for Diagnosis of Active or Latent Tuberculosis	Original Documentation; Governance Approved

Testing for Vector-Borne Infections	Original Documentation; Governance Approved
Testosterone	Original Documentation; Governance Approved
Therapeutic Drug Monitoring for 5-Fluorouracil	Original Documentation; Governance Approved
Thyroid Disease Testing	Original Documentation; Governance Approved
Urinary Tumor Markers for Bladder Cancer	Original Documentation; Governance Approved
Urine Culture Testing for Bacteria	Original Documentation; Governance Approved
Vitamin B12 & Methylmalonic Acid Testing	Original Documentation; Governance Approved
Vitamin D Testing	Original Documentation; Governance Approved