STAT Outpatient Laboratory Services Exception List

Effective April 4, 2020

Preferred Laboratory Services Protocol

According to the UnitedHealthcare Community Plan of Maryland Preferred Laboratory Services Protocol, laboratory services ordered for these members by their primary care provider (PCP) or specialist must be performed at the outpatient medical laboratory designated on the member's health plan ID card. We developed this protocol to help our members access the right care and keep their health care costs down.

UnitedHealthcare will deny claims for services that aren't performed at the designated outpatient medical laboratory, unless they qualify as an exception. Exceptions to the requirements include:

- Tests performed during a covered visit to an urgent care facility or hospital emergency department
- STAT tests performed during a covered visit to a care provider's office listed in the STAT Outpatient Laboratory Services Exception List (included on the next page). For purposes of this document, STAT refers to items that are urgent or emergent in nature
- STAT tests necessary to perform services at the time of visit
- Pathology services performed on specimens obtained during surgery at a hospital outpatient department
- Tests required on an intra-operative or intra-procedure basis for outpatient surgery or outpatient procedures
- Pre-operative blood type and cross-match studies
- Situations in which services are pre-approved and/or contract exceptions apply

STAT Laboratory Tests

If laboratory results are required on a STAT basis, the designated outpatient medical laboratory can arrange quick pick-up and reporting. If a care provider performs a STAT test for a UnitedHealthcare Community Plan member and bills for the service, they must use the ET modifier with the CPT® code for the test. Additionally, the diagnosis indicated on the claim must support the STAT billing.

The table on the following pages lists the STAT outpatient exceptions to our Preferred Laboratory Services Protocol with their corresponding CPT codes. This list was updated on **March 12, 2020**.

If you have questions, please call Provider Services at **877-842-3210**.

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Exceptions to this policy include the following STAT tests:

CPT Code	Description
80048	Basic Metabolic Panel
80051	Electrolyte Panel
80053	Comprehensive Metabolic Panel
80055	Obstetric Panel
80069	Renal Function Panel
80074	Acute Hepatitis Panel
80076	Hepatic Function Panel
80156	Carbamazepine Drug Assay
80162	Digoxin Drug Assay
80178	Lithium Drug Assay
80184	Phenobarbital Drug Assay
80185	Phenytoin: Total Drug Assay
80195	Sirolimus
80198	Theophylline Drug Assay
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (e.g., utilizing immunoassay [e.g., dipsticks, cups, cards or cartridges]), includes sample validation when performed, per date of service
81000	Urinalysis
81001	Urinalysis; Automated w/Microscopy
81002	Urinalysis; Non-automated w/o Microscopy
81003	Urinalysis; Automated w/o Microscopy
81005	Urinalysis; Qualitative
81007	Urinalysis; Bacteriuria Screen, Non-cultured
81015	Urinalysis Microscopic Only
81025	Urine Pregnancy Test; Visual
82120	Amines, Vaginal Fluid
82150	Amylase
82247	Bilirubin; Total
82248	Bilirubin; Direct
82270	Blood Occult; Feces Screening
82271	Blood Occult; Peroxidase Activity Qualitative, Other
82272	Blood Occult Peroxidase Activity Qualitative, Feces
82310	Calcium; Total
82374	Carbon Dioxide
82435	Chloride; Blood
82550	Creatine Kinase, Total
82565	Creatinine, Blood
82800	Gases; Blood, pH Only
82803	Gases; Blood, pH, PC02, P02, CO2, HC03
82810	Gases; Blood 02 Saturation Only
82947	Glucose; Quantitative
82948	Glucose; Blood Reagent Strip
82962	Glucose; Blood by Glucose Monitoring Device

83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple-step method
83615	Lactate dehydrogenase (LD), (LDH)
83735	Magnesium
83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity – last update April 1, 2015
84030	Phenylalanine (PKU); Blood
84075	Phosphatase; Alkaline
84100	Phosphorus Inorganic (Phosphate)
84132	Potassium; Serum, Plasma or Whole Blood
84295	Sodium; Serum Plasma or Whole Blood
84450	Transferase; Aspartate Amino
84460	Transferase; Alanine Amino
84520	Urea Nitrogen; Quantitative
84545	Urea Nitrogen; Clearance
84550	Uric Acid; Blood
84702	Gonadotropin, Chorionic; Quantitative
84703	Gonadotropin, Chorionic; Qualitative
85014	Blood Count: Hematocrit (Hct)
85018	Blood Count; Hemoglobin (Hgb)
85025	Blood Count; Complete (CBC) Hemogram & Platelet
85027	Blood Count; Complete (CBC), automated with Platelet Count
85610	Prothrombin Time
85730	Thromboplastin Time; Partial (PTT)
85732	Thromboplastin Time; Partial (PTT), Substitution
86308	Heterophile Antibodies; Screening
86318	Immuoassay Infectious Agent Antibody
86580	Skin test; tuberculosis, intradermal
86703	Antibody: HIV-1&HIV-2 SINGLE
86901	Blood typing, serologic; Rh (D)
87205	Smear; Gram or Giemsa Routine Stain
87210	Smear; Wet Mount for Infectious Agents
87220	Tissue Examination by KOH slide
87420	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay, enzyme-linked immunosorbent assay, immunochemiluminometric assay qualitative or semi-quantitative, multiple-step method; respiratory syncytial virus
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus
87809	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus
88172	Cytopathology; Evaluation of Fine Needle Aspirate
88173	Cytopathology, Needle Aspirate, Cytology Interpretation
89300	Semen Analysis w/Huhner Test (Post Coital)
83655QW*	Capillary Lead
84703QW*	Rapid Pregnancy
87804QW*	Rapid Influenza
87880QW*	Rapid Streptococcus, Group A
86803QW*	Hepatitis C antibody

Q0111	Wet Mounts Including Preparation of Specimens
Q0112	All Potassium Hydroxide (KOH)
U0001	2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel
U0002	Validated non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19)

*These tests use a methodology of the Clinical Laboratory Improvement Amendments (CLIA)-waived category and may sometimes be billed with the QW modifier. Excludes places of service 11, 21 and 22 for pathology.

When billing all codes listed above, an ET modifier is required.

Questions? Please call Provider Services at 877-842-3210. Thank you.

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