

Laboratory Services Respiratory Viral Panel Testing Policy, Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed 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.

This reimbursement policy applies to all health care services billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the UB-04 claim form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network facilities, including, but not limited to, non-network authorized and percent of charge contract facilities.

Policy

Overview

This policy describes the reimbursement methodology for respiratory viral panels of 6 or more pathogens.

Please note that this policy does not address reimbursement for all laboratory codes. All services described in this policy may be subject to additional UnitedHealthcare reimbursement policies including, but not limited to, the Outpatient Hospital CCI Editing Policy and the Outpatient Hospital Add-on Codes Policy.

Reimbursement Guidelines

Consistent with CMS Local Coverage Determinations, UnitedHealthcare does not consider multiplex Polymerase Chain Reaction (PCR) respiratory viral panels of 6 or more pathogens eligible for reimbursement, and CPT codes 0115U, 0151U, 0202U, 0223U, 0225U, 87632, and 87633 will be denied.

Questions and Answers

1	Q: Are respiratory viral panels with fewer than 6 pathogen targets reimbursable under this policy? For example, can lab charges be submitted with the appropriate code(s) for 5 or less targets? A: Yes, respiratory viral panels of 5 or less targets may be considered for reimbursement when appropriate.
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Resources

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

American Medical Association, Current Procedural Terminology (CPT[®]), and associated publications and services

History

6/1/2021	Policy implemented by United Healthcare Employer & Individual
2/18/2021	Policy approved by Reimbursement Policy Oversight Committee