

Respiratory Viral Panel Testing Policy, Professional and 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 Value & Balance Exchange 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 CMS 1500 forms and, when specified, to those 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 Value & Balance Exchange's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Value & Balance Exchange may use reasonable discretion in interpreting and applying this policy to health care services provided in a case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Value & Balance Exchange 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 the same way on the different electronic claims processing systems used by UnitedHealthcare Value & Balance Exchange due to programming or other constraints; however, UnitedHealthcare Value & Balance Exchange strives to minimize these variations.

UnitedHealthcare Value & Balance Exchange 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 UnitedHealthcare Value & Balance Exchange products.

This reimbursement policy applies to services reported using the UB-04 claim form, the 1500 Health Insurance Claim Form (CMS-1500), their electronic equivalents or its successor forms. This policy applies to all products and all network and non-network providers, including hospitals, ambulatory surgical centers, physicians and other qualified health care professionals including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

This policy describes reimbursement for multiplex reverse-transcription polymerase chain reaction (RT-PCR) assays (respiratory viral testing panels), CPT codes (87632 and 87633), submitted for reimbursement on professional and facility claim forms. For purposes of this policy, professional charges are considered those submitted on a 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent. Facility charges are considered those submitted on a UB-04 Claim Form or its electronic equivalent.

Reimbursement Guidelines

The Center for Disease Control (CDC) recognizes the Infectious Disease Society of America (IDSA) guideline, which indicates that the use of the multiplex RT-PCR assays, targeting respiratory viral panel testing, including Influenza viruses, should be used for hospitalized patients.

Professional HCFA 1500 Claims

When CPT codes 87632 or 87633 are submitted on a HCFA 1500 Claim Form (CMS-1500) or its electronic equivalent, in any facility place of service, UnitedHealthcare Value & Balance Exchange will not reimburse the code(s) based on the Professional/Technical Component policy. Respiratory virus testing performed in an office; laboratory or other non-facility place of service are considered for reimbursement when submitted with a CPT or HCPCS code(s) other than 87632 or 87633.

Facility UB-04 Claims

UnitedHealthcare Value & Balance Exchange considers CPT codes 87632 and 87633, submitted on a UB-04 Claim Form or its electronic equivalent, reimbursable only when performed in an inpatient facility, observation or emergency room setting. Respiratory virus testing performed in any other facility place of service is considered for reimbursement when submitted with a CPT or HCPCS code(s) other than 87632 or 87633.

Codes

87632

87633

Questions and Answers

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Q: Is Long Term Care (LTC) or Urgent Care facilities considered an allowable facility for the Multiplex RT-PCR respiratory viral panel testing?

A: No, UnitedHealthcare Value & Balance Exchange not consider an LTC or Urgent Care facility places of service reimbursable for the Multiplex RT-PCR respiratory viral panel testing.

Resources

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

Centers for Disease Control and Prevention (CDC)

Centers for Medicare and Medicaid Services (CMS) Local Coverage Determinations (LCD's)

Infectious Disease Society of America (IDSA)

History

01/01/2021 Policy implemented by UnitedHealthcare Value & Balance Exchange