

# Clinical Diagnostic Laboratory Services

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[↪ Terms and Conditions](#)

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- Related Medicare Advantage Policy Guidelines**
- [Biomarkers in Cardiovascular Risk Assessment](#)
  - [Blood Product Molecular Antigen Typing](#)
  - [Molecular Diagnostic Infectious Disease Testing](#)
  - [Molecular Pathology/Molecular Diagnostics/Genetic Testing](#)
  - [Qualitative Drug Testing for Indications Other Than Mental Health](#)

- Related Medicare Advantage Coverage Summaries**
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  - [Laboratory Tests and Services](#)
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## Policy Summary

[↪ See Purpose](#)

### Overview

UnitedHealthcare is committed to promoting the appropriate use of preventive benefits.

Medicare covers a broad range of legislatively mandated preventive services to prevent disease, detect disease early when it is most treatable and curable, and manage disease so that complications can be avoided. These services can be found on CMS's website, see [Medicare Preventive Services](#). Any preventive services and tests not listed on the CMS Preventive Services webpage are considered non-covered screening (preventive) tests or services which are not a benefit of the Medicare program.

Title XVIII of the Social Security Act, Section 1862(a) (1) (A) states "...no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis and treatment of illness or injury...". Furthermore, it has been a longstanding CMS policy that "tests that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered unless explicitly authorized by statute". Screening services, such as pre-symptomatic genetic tests and services, are those used to detect an undiagnosed disease or disease predisposition, and as such are not a Medicare benefit and not covered by Medicare. Similarly, Medicare may not reimburse the costs of tests/examinations that assess the risk for and/or of a condition unless the risk assessment clearly and directly effects the management of the patient.

Also included in this policy are the Lab NCD links. See the resource section of this policy for the specific links by test type. A claim for a test for which there is a national coverage or local medical review policy will be denied as not reasonable and necessary if it is submitted without an ICD-10-CM code or narrative diagnosis listed as covered in the policy unless other medical documentation justifying the necessity is submitted with the claim. If a national or local policy identifies a frequency expectation, a claim for a test that exceeds that expectation may be denied as not reasonable and necessary, unless it is submitted with documentation justifying increased frequency. The CPT/HCPCS table in the coding section of this policy illustrates the impact to each lab code for CMS mandated preventive services, Lab NCDs and any code impacted when billed in the absence of signs, symptoms or complaints.

## Guidelines

Examples of Preventive Lab Services and Screenings covered by UnitedHealthcare:

- Cardiovascular Disease Screenings: See the [Medicare Preventive Services Chart](#) for further details, specific coding criteria and sourcing.
- Diabetes Screening Tests: See the [Medicare Preventive Services Chart](#) for further details, specific coding criteria and sourcing.
- Prostate Cancer Screening/PSA Blood Test: See NCD 210.1 for further details, specific coding criteria and sourcing.
- Pap Tests (Lab Portion Only): See NCD 210.2 and the [Medicare Preventive Services Chart](#) for further details, specific coding criteria and sourcing.
- Fecal Occult Blood Test to screen for Colorectal Cancer: See NCD 210.3 for further details, specific coding criteria and sourcing.
- Stool DNA Testing: See NCD 210.3 for further details, specific coding criteria and sourcing.
- Screening for Hepatitis B Virus (HBV) Infection: See NCD 210.6 for further details, specific coding criteria and sourcing.
- Human Immunodeficiency Virus (HIV) Screening: See NCD 210.7 for further details, specific coding criteria and sourcing.
- Screening for Sexually Transmitted Illnesses (STI): See NCD 210.10 for further details, specific coding criteria and sourcing.
- Screening for Hepatitis C Virus (HCV) in Adults: See NCD 210.13 for further details, specific coding criteria and sourcing.

## Nationally Non-Covered Indications

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review. Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states " ...no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis and treatment of illness or injury...". Furthermore, it has been longstanding CMS policy that "tests that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered unless explicitly authorized by statute".

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

### CPT/HCPCS Code

[Clinical Diagnostic Laboratory Services: CPT/HCPCS Code List](#)

*CPT® is a registered trademark of the American Medical Association*

Modifier	Description
33	Preventive services
QW	CLIA (Clinical Laboratory Improvement Amendments) waived test
TS	Follow-up service

### Non-Covered Diagnosis Code

[Non-Covered Diagnosis Codes List](#)

This list contains diagnosis codes that are never covered when given as the primary reason for the test. If a code from this section is given as the reason for the test and you know or have reason to believe the service may not be covered, call UnitedHealthcare to issue an Integrated Denial Notice (IDN) to the member and you. The IDN informs the member of their liability for the non-covered service or item and appeal rights. You must make sure the member has received the IDN prior to rendering or referring for non-covered services or items in order to collect payment.

## References

### CMS National Coverage Determinations (NCDs)

#### *Pathology NCDs*

[NCD 190.1 Histocompatibility Testing](#)

[NCD 190.2 Diagnostic Pap Smears](#)

[NCD 190.3 Cytogenetic Studies](#)

[NCD 190.5 Sweat Test](#)

[NCD 190.7 Human Tumor Stem Cell Drug Sensitivity Assays](#)

[NCD 190.8 Lymphocyte Mitogen Response Assays](#)

[NCD 190.9 Serologic Testing for Acquired Immunodeficiency Syndrome \(AIDS\)](#)

[NCD 190.10 Laboratory Tests-CRD Patients](#)

#### *Laboratory NCDs*

[Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations \(NCD\) Coding Policy Manual and Change Report, April 2021 \(See \*Covered Code Lists\*\)](#)

[NCD 190.12 Urine Culture, Bacterial](#)

[NCD 190.13 Human Immunodeficiency Virus \(HIV\) Testing \(Prognosis Including Monitoring\)](#)

[NCD 190.14 Human Immunodeficiency Virus \(HIV\) Testing \(Diagnosis\)](#)

[NCD 190.15 Blood Counts](#)

[NCD 190.16 Partial Thromboplastin Time \(PTT\)](#)

[NCD 190.17 Prothrombin Time \(PT\)](#)

[NCD 190.18 Serum Iron Studies](#)

[NCD 190.19 Collagen Crosslinks, any Method](#)

[NCD 190.20 Blood Glucose Testing](#)

[NCD 190.21 Glycated Hemoglobin/Glycated Protein](#)

[NCD 190.22 Thyroid Testing](#)

[NCD 190.23 Lipid Testing](#)

[NCD 190.24 Digoxin Therapeutic Drug Assay](#)

[NCD 190.25 Alpha-fetoprotein](#)

[NCD 190.26 Carcinoembryonic Antigen](#)

[NCD 190.27 Human Chorionic Gonadotropin](#)

[NCD 190.28 Tumor Antigen by Immunoassay-CA 125](#)

[NCD 190.29 Tumor Antigen by Immunoassay-CA 15-3/CA 27.29](#)

[NCD 190.30 Tumor Antigen by Immunoassay-CA 19-9](#)

[NCD 190.31 Prostate Specific Antigen](#)

[NCD 190.32 Gamma Glutamyl Transferase](#)

[NCD 190.33 Hepatitis Panel/Acute Hepatitis Panel](#)

[NCD 190.34 Fecal Occult Blood Test](#)

#### *Prevention NCDs*

[NCD 210.1 Prostate Cancer Screening Tests](#)

[NCD 210.2 Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer](#)

[NCD 210.2.1 Screening for Cervical Cancer with Human Papillomavirus \(HPV\)](#)

[NCD 210.3 Colorectal Cancer Screening Tests](#)

[NCD 210.6 Screening for Hepatitis B Virus \(HBV\) Infection](#)

[NCD 210.7 Screening for the Human Immunodeficiency Virus \(HIV\) Infection](#)

[NCD 210.10 Screening for Sexually Transmitted Infections \(STIs\) and High-Intensity Behavioral Counseling \(HIBC\) to Prevent STIs](#)

[NCD 210.13 Screening for Hepatitis C Virus \(HCV\) in Adults](#)

### CMS Benefit Policy Manual

[Chapter 15; § 80.1-80.1.3 Clinical Laboratory Services](#)

[Chapter 15; § 280 Preventive and Screening Services, § 280.2.1 Colorectal Cancer Screening, § 280.4 Screening Pap Smears](#)

## **CMS Claims Processing Manual**

[Chapter 16, § 10.2 General Explanation of Payment; § 20 Calculation of Payment Rates-Clinical Laboratory Test Fee Schedules; § 40 Billing for Clinical Laboratory Tests](#)  
[Chapter 18; § 30 Screening Pap Smears, § 40 Screening Pelvic Examinations, § 50 Prostate Cancer Screening Tests and Procedures, § 60 Colorectal Cancer Screening, § 90 Diabetes Screening, § 100 Cardiovascular Disease Screening, § 130 Human Immunodeficiency Virus \(HIV\) Screening Tests, § 170.1 Healthcare Common Procedure Coding System \(HCPCS\) Codes for Screening for STIs and HIBC to Prevent STIs](#)

## **CMS Transmittal(s)**

[Transmittal 4139, Change Request 10941, Dated September 28, 2018 Changes to the Laboratory National Coverage Determination \(NCD\) Edit Software for January 2019](#)  
[Transmittal 4265, Change Request 11224, Dated March 22, 2019 Changes to the Laboratory National Coverage Determination \(NCD\) Edit Software for July 2019](#)  
[Transmittal 4326, Change Request 11280, Dated June 28, 2019 Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment](#)  
[Transmittal 4347, Change Request 11406, Dated August 2, 2019 Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment](#)  
[Transmittal 4475, Change Request 11593, Dated December 13, 2019 Changes to the Laboratory National Coverage Determination \(NCD\) Edit Software for April 2020](#)  
[Transmittal 10033, Change Request 11681, Dated April 3, 2020 Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment](#)  
[Transmittal 10217, Change Request 11815, Dated July 8, 2020 Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment](#)  
[Transmittal 10367, Change Request 11937, Dated September 24, 2020, Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment](#)  
[Transmittal 10575, Change Request 12080, Dated January 20, 2021, Calendar Year \(CY\) 2021 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment](#)  
[Transmittal 10656, Change Request 12178, Dated March 9, 2021, Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment](#)  
[Transmittal 10658, Change Request 12171, Dated March 23, 2021, Changes to the Laboratory National Coverage Determination \(NCD\) Edit Software for July 2021](#)

## **MLN Matters**

[Article MM10941, Changes to Laboratory NCD Edit Software for January 2019](#)  
[Article MM11280, July 2019 Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment](#)  
[Article MM11406, October 2019 Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment](#)  
[Article MM11598, January 2020 Calendar Year \(CY\) 2020 Annual Update for Clinical Laboratory Fee Schedule and Services Subject to Reasonable Charge Payment](#)  
[Article MM11640, April 2020 Healthcare Common Procedure Coding System \(HCPCS\) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendment \(CLIA\) Edits](#)  
[Article MM11681, April 2020 Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment](#)  
[Article MM11815, July 2020 Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment](#)  
[Article MM11937, October 2020 Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment](#)  
[Article MM12080, January 2021 Calendar Year \(CY\) 2021 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment](#)  
[Article MM12178, April 2021 Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment](#)

## UnitedHealthcare Commercial Policies

[Cardiovascular Disease Risk Tests](#)

[Hepatitis Screening](#)

[Omnibus Codes](#)

### Other(s)

[Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations \(NCD\) Coding Policy Manual and Change Report, January, 2020](#)

[Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations \(NCD\) Coding Policy Manual and Change Report, April, 2020](#)

[Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations \(NCD\) Coding Policy Manual and Change Report, July, 2020](#)

[Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations \(NCD\) Coding Policy Manual and Change Report, October, 2020](#)

[Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations \(NCD\) Coding Policy Manual and Change Report, January 2021](#)

[Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations \(NCD\) Coding Policy Manual and Change Report, April 2021](#)

[CY 2021 Q1 Clinical Laboratory Fee Schedule](#)

[CY 2021 Q2 Clinical Laboratory Fee Schedule](#)

[Decision Memo for Screening for Colorectal Cancer-Stool DNA Testing \(CAG-00440N\), CMS Website](#)

[Medicare Preventive Services](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/14/2021	<p><b>Related Policies</b></p> <ul style="list-style-type: none"><li>Added reference link to the Medicare Advantage Policy Guideline titled <i>Blood Product Molecular Antigen Typing</i></li></ul> <p><b>Applicable Codes</b></p> <p><b>CPT Codes</b></p> <ul style="list-style-type: none"><li>Added 0242U, 0243U, 0244U, 0245U, 0246U, 0247U, 82247, 82248, and 82261</li><li>Revised description for 0002M, 0003M, 0002U, 0007U, 0008U, 0010U, 0011U, 0021U, 0025U, 0035U, 0038U, 0041U, 0042U, 0043U, 0044U, 0051U, 0052U, 0054U, 0060U, 0061U, 0063U, 0064U, 0065U, 0066U, 0068U, 0077U, 0082U, 0152U, 80047, 80048, 80050, 80051, 80053, 80055, 80061, 80069, 80074, 80076, 80143, 80145, 80150, 80151, 80155, 80156, 80157, 80158, 80159, 80161, 80162, 80163, 80164, 80165, 80167, 80168, 80169, 80170, 80171, 80173, 80175, 80176, 80177, 80178, 80179, 80180, 80181, 80183, 80184, 80185, 80186, 80187, 80188, 80189, 80190, 80192, 80193, 80194, 80195, 80197, 80198, 80199, 80200, 80201, 80202, 80203, 80204, 80210, 80230, 80235, 80280, 80285, 80299, 80320, 80321, 80322, 80323, 80324, 80325, 80326, 80327, 80328, 80329, 80330, 80331, 80332, 80333, 80334, 80335, 80336, 88337, 80338, 80339, 80340, 80341, 80342, 80343, 80344, 80345, 80346, 80347, 80348, 80349, 80350, 80351, 80352, 80353, 80354, 80355, 80356, 80357, 80358, 80359, 80360, 80361, 80362, 80363, 80364, 80365, 80366, 80367, 80368, 80369, 80370, 80371, 80372, 80373, 80374, 80375, 80376, 80377, 80400, 80402, 80406, 80408, 80410, 80412, 80414, 80415, 80416, 80417, 80418, 80420, 80422, 80424, 80426, 80428, 80430, 80432, 80434, 80435, 80436, 80438, 80439, 81000, 81001, 81002, 81003, 81005, 81007, 81015, 81020, 81025, 81050, 81099, 81507, 81508, 81509, 81510, 81511, 81512, 81513, 81514, 81596, 82009, 82010, 82013, 82016, 82017, 82024, 82030, 82040, 82042, 82043, 82044, 82045, 82075, 82077, 82085, 82088, 82103, 82104, 82105, 82106, 82107, 82108, 82120, 82127, 82128, 82131, 82135, 82136, 82139, 82140, 82143, 82150, 82154, 82157, 82160, 82163, 82164,</li></ul>

Date	Summary of Changes
	82175, 82180, 82190, 82232, 82239, 82271, 82272, 82274, 82286, 82300, 82308, 82310, 82330, 82331, 82340, 82355, 82360, 82365, 82370, 82373, 82374, 82375, 82376, 82379, 82380, 82382, 82383, 82384, 82387, 82390, 82397, 82415, 82435, 82436, 82441, 82465, 82480, 82482, 82485, 82507, 82523, 82525, 82528, 82530, 82533, 82540, 82542, 82550, 82552, 82553, 82554, 82565, 82570, 82575, 82585, 82595, 82600, 82607, 82608, 82615, 82626, 82627, 82633, 82634, 82638, 82642, 82656, 82657, 82658, 82664, 82668, 82670, 82671, 82672, 82677, 82679, 82681, 82693, 82696, 82705, 82710, 82715, 82725, 82726, 82728, 82731, 83735, 82746, 82747, 82757, 82759, 82760, 82775, 82776, 82777, 82784, 82785, 82787, 82800, 82803, 82805, 82810, 82820, 82930, 82938, 82941, 82943, 82945, 82946, 82947, 82948, 82950, 82951, 82952, 82955, 82960, 82962, 82963, 82965, 82977, 82978, 82979, 82985, 83001, 83002, 83003, 83006, 83009, 83010, 83012, 83013, 83014, 83015, 83018, 83020, 83021, 83026, 83030, 83033, 83036, 83037, 83045, 83050, 83051, 83060, 83065, 83068, 83069, 83070, 83080, 83088, 83150, 83491, 83497, 83498, 83500, 83505, 83516, 83518, 83519, 83520, 83525, 83527, 83528, 83540, 83550, 83570, 83582, 83586, 83593, 83605, 83615, 83625, 83630, 83631, 83632, 83633, 83655, 83661, 83662, 83663, 83664, 83670, 83690, 83722, 83727, 83735, 83775, 83785, 83789, 83825, 83835, 83857, 83861, 83864, 83872, 83873, 83874, 83876, 83880, 83883, 83885, 83915, 83916, 83918, 83919, 83921, 83930, 83935, 83937, 83945, 83950, 83951, 83970, 83986, 83987, 83993, 84030, 84035, 84060, 84066, 84075, 84078, 84080, 84081, 84085, 84087, 84100, 84105, 84106, 84110, 84112, 84119, 84120, 84126, 84132, 84133, 84134, 84135, 84138, 84140, 84143, 84144, 84145, 84146, 84150, 84152, 84153, 84154, 84155, 84156, 84157, 84160, 84163, 84165, 84166, 84181, 84182, 84202, 84203, 84206, 84207, 84210, 84220, 84228, 84233, 84234, 84235, 84238, 84244, 84252, 84255, 84260, 84270, 84275, 84285, 84295, 84300, 84302, 84305, 84307, 84311, 84315, 84375, 84376, 84377, 84378, 84379, 84392, 84402, 84403, 84410, 84425, 84430, 84431, 84432, 84436, 84437, 84439, 84442, 84443, 84445, 84446, 84449, 84450, 84460, 84466, 84478, 84479, 84480, 84481, 84482, 84484, 84485, 84488, 84490, 84510, 84512, 84520, 84525, 84540, 84545, 84550, 84560, 84577, 84578, 84580, 84583, 84585, 84586, 84588, 84590, 84591, 84597, 84600, 84620, 84630, 84681, 84702, 84703, 84704, 84830, 85002, 85004, 85007, 85008, 85009, 85013, 85014, 85018, 85025, 85027, 85032, 85041, 85044, 85045, 85046, 85048, 85049, 85055, 85060, 85097, 85130, 85170, 85175, 85210, 85220, 85230, 85240, 85244, 85245, 85246, 85247, 85250, 85260, 85270, 85280, 85290, 85291, 85292, 85293, 85300, 85301, 84302, 85303, 85305, 85306, 85307, 85335, 85337, 85345, 85347, 85348, 85360, 85362, 85366, 85370, 85378, 85379, 85380, 85384, 85385, 85390, 85396, 85397, 85400, 85410, 85415, 85420, 85421, 85441, 85445, 85460, 85461, 85475, 85520, 85525, 85530, 85536, 85540, 85547, 85549, 85555, 85557, 85576, 85597, 85598, 85611, 85612, 85613, 85635, 85651, 85652, 85660, 85670, 85675, 85705, 85730, 85732, 85810, 86000, 86001, 86003, 86005, 85008, 86021, 86022, 86023, 86038, 86039, 86060, 86063, 86077, 86078, 86079, 86140, 86146, 86147, 86148, 86155, 86156, 86157, 86160, 86161, 86162, 86171, 86200, 86215, 86225, 86226, 86235, 86255, 86256, 86277, 86280, 86300, 86301, 86304, 86305, 86308, 86309, 86310, 86317, 86318, 86320, 86325, 86327, 86329, 86331, 86332, 86334, 86335, 86336, 86337, 86340, 86341, 86343, 86344, 86355, 86356, 86357, 86359, 86360, 86361, 86367, 86376, 86382, 86384, 86403, 86406, 86430, 86431, 86480, 86481, 86485, 86486, 86490, 86510, 86580, 86590, 86602, 86603, 86606, 86609, 86611, 86612, 86615, 86617, 86618, 86619, 86622, 86625, 86628, 86635, 86638, 86641, 86644, 86645, 86648, 86651, 86652, 86653, 86654, 86658, 86663, 86664, 86665, 86666, 86668, 86671, 86674, 86677, 86682, 86684, 86687, 86688, 86689, 86692, 86694, 86695, 86696, 86698, 86701, 86702, 86703, 86705, 86707, 86708, 86709, 86710, 86711, 86713, 86717, 86720, 86723, 86727, 86732, 86735, 86738, 86741, 86744, 86747, 86750, 86753, 86756, 86757, 86759, 86762, 86765, 86768, 86771, 86774, 86777, 86778, 86784, 86787, 86788, 86789, 86790, 86793, 86794, 86800, 86803, 86804, 86805, 86806, 86807, 86808, 86828, 86829, 86830, 86831, 86832, 86833, 86834, 86835, 86850, 86860, 86870, 86880, 86885, 86886, 86900, 86901, 86902, 86904, 86905, 86906, 86910, 86911, 86920, 86921, 86922, 86923, 86927, 86930, 86931, 86932, 86940, 86941, 86945, 86950, 86960, 86965, 86970, 86971, 86972, 86975, 86976, 86977, 86978, 86999, 87003, 87015, 87040, 87045, 87046, 87070, 87071, 87073, 87075, 87076, 87077, 87081, 87084, 87086, 87088, 87101, 87102, 87103, 87106, 87107, 87109, 87116, 87118, 87140, 87143, 87147, 87149, 87150, 87152, 87153, 87158, 87164, 87166, 87168, 87169, 87172, 87176, 87177, 87181, 87184, 87185, 87186, 87187, 87188, 87190, 87197, 87205, 87206, 87207, 87209,

Date	Summary of Changes
	<p>87210, 87220, 87230, 87250, 87252, 87253, 87254, 87255, 87260, 87265, 87267, 87269, 87271, 87272, 87273, 87274, 87275, 87276, 87278, 87279, 87280, 87281, 87283, 87285, 87290, 87299, 87300, 87301, 87305, 87324, 87327, 87328, 87329, 87332, 87335, 87336, 87337, 87338, 87339, 87350, 87380, 87385, 87389, 87390, 87391, 87400, 87420, 87425, 87426, 87427, 87428, 87430, 87449, 87451, 87471, 87472, 87475, 87476, 87481, 87482, 87483, 87485, 87486, 87487, 87492, 87493, 87495, 87496, 87497, 87498, 87500, 87511, 87512, 87516, 87517, 87520, 87521, 87522, 87525, 87526, 87527, 87528, 87529, 87530, 87531, 87532, 87533, 87534, 87535, 87537, 87538, 87540, 87541, 87542, 87550, 87551, 87552, 87555, 87556, 87557, 87560, 87561, 87562, 87580, 87581, 87582, 87592, 87625, 87634, 87635, 87640, 87650, 87651, 87652, 87653, 87797, 87799, 87802, 87803, 87804, 87806, 87807, 87808, 87809, 87811, 87880, 87899, 87900, 87901, 87902, 87903, 87904, 87906, 87910, 87912, 88000, 88005, 88007, 88012, 88014, 88016, 88020, 88025, 88027, 88028, 88029, 88036, 88037, 88040, 88045, 88099, 88104, 88106, 88108, 88112, 88125, 88130, 88140, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88160, 88161, 88162, 88164, 88165, 88166, 88167, 88172, 88173, 88174, 88175, 88177, 88182, 88184, 88185, 88187, 88188, 88189, 88300, 88302, 88304, 88305, 88307, 88309, 88311, 88312, 88313, 88314, 88319, 88321, 88323, 88325, 88329, 88331, 88332, 88333, 88334, 88344, 88346, 88348, 88350, 88355, 88356, 88358, 88360, 88361, 88362, 88363, 88364, 88365, 88366, 88367, 88368, 88369, 88371, 88372, 88373, 88374, 88375, 88377, 88380, 88381, 88387, 88388, 88399, 88720, 88738, 88740, 88741, 88749, 89049, 95050, 89051, 89055, 89060, 89125, 89160, 89190, 89220, 89250, 89251, 89253, 89254, 89255, 89257, 89258, 89259, 89260, 89261, 89264, 89268, 89272, 89280, 89281, 89290, 89291, 89300, 89310, 89320, 89321, 89322, 89325, 89329, 89330, 89331, 89335, 89337, 89342, 89343, 89344, 89346, 89352, 89353, 89354, and 89356</p> <ul style="list-style-type: none"> <li>Removed 0004M, 0006M, 0007M, 0009M, 0011M, 0012M, 0013M, 0001U, 0003U, 0005U, 0006U, 0009U, 0012U, 0013U, 0014U, 0016U, 0017U, 0018U, 0019U, 0022U, 0023U, 0024U, 0026U, 0027U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 0036U, 0037U, 0039U, 0040U, 0045U, 0046U, 0047U, 0048U, 0049U, 0050U, 0053U, 0055U, 0056U, 0057U, 0058U, 0059U, 0062U, 0067U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0078U, 0079U, 0080U, 0081U, 0083U, 0084U, 0085U, 0087U, 0088U, 0089U, 0090U, 0091U, 0092U, 0094U, 0097U, 0098U, 0099U, 0100U, 0101U, 0102U, 0103U, 0104U, 0105U, 0108U, 0111U, 0113U, 0114U, 0115U, 0118U, 0120U, 0129U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0151U, 0153U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0168U, 0169U, 0170U, 0171U, 0172U, 0173U, 0175U, 0177U, 0179U, 0180U, 0181U, 0182U, 0183U, 0184U, 0185U, 0186U, 0187U, 0188U, 0189U, 0190U, 0191U, 0192U, 0193U, 0194U, 0195U, 0196U, 0197U, 0198U, 0199U, 0200U, 0201U, 0202U, 0203U, 0204U, 0205U, 0208U, 0209U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0221U, 0222U, 0223U, 0225U, 0228U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0240U, 0241U, 80081, 80305, 80306, 80307, 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81168, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81191, 81192, 81193, 81194, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81238, 81239, 81240, 81242, 81241, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81271, 81272, 81273, 81274, 81275, 81276, 81277, 81278, 81279, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81338, 81339, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81347, 81348, 81350, 81351, 81352, 81353, 81355, 81357, 81360, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, </li></ul>

Date	Summary of Changes
	<p>81417, 81419, 81420, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81443, 81445, 81448, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81490, 81493, 81500, 81503, 81504, 81506, 81518, 81519, 81520, 81521, 81522, 81525, 81528, 81529, 81535, 81536, 81538, 81539, 81540, 81541, 81542, 81545, 81546, 81551, 81552, 81554, 81595, 81596, 81599, 82172, 82147, 82148, 82161, 82270, 82306, 82438, 82495, 82610, 82652, 83090, 83695, 83698, 83719, 83722, 84999, 85999, 86141, 86152, 86153, 86294, 86316, 86352, 86353, 86386, 86592, 86593, 86631, 86632, 86704, 86706, 86780, 86812, 86813, 86816, 86817, 86821, 86825, 86826, 86849, 86890, 86891, 86985, 87110, 87270, 87320, 87340, 87341, 87480, 87490, 87491, 87501, 87502, 87503, 87505, 87506, 87507, 87510, 87590, 87591, 87623, 87624, 87631, 87632, 87633, 87636, 87637, 87641, 87660, 87661, 87662, 87798, 87800, 87801, 87810, 87850, 87999, 88120, 88121, 88230, 88233, 88235, 88237, 88239, 88240, 88241, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88267, 88269, 88271, 88272, 88273, 88274, 88275, 88280, 88283, 88285, 88289, 88291, 88341, 88342, 89230, 89240, and 89398</p> <ul style="list-style-type: none"> <li>● Updated language pertaining to: <ul style="list-style-type: none"> <li>○ 0021U, 0068U, and 0107U <ul style="list-style-type: none"> <li>▪ Added notation to indicate code is not covered when submitted with screening diagnosis</li> <li>▪ Removed reference to the Medicare Advantage Policy Guideline titled <i>Molecular Pathology/Molecular Diagnostics/Genetic Testing</i></li> </ul> </li> <li>○ 0086U, 0096U, 81596, 87471, 87472, 87475, 87476, 87481, 87482, 87483, 87485, 87486, 87487, 87492, 87493, 87495, 87496, 87497, 87498, 87500, 87511, 87512, 87516, 87517, 87520, 87521, 87522, 87525, 87526, 87527, 87528, 87529, 87530, 87531, 87532, 87533, 87540, 87541, 87542, 87550, 87551, 87552, 87555, 87556, 87557, 87560, 87561, 87562, 87580, 87581, 87582, 87592, 87625, 87634, 87640, 87650, 87651, 87652, 87653, 87797, 87799, 87901, 87902, 87903, 87904, 87906, 87910, and 87912 <ul style="list-style-type: none"> <li>▪ Added notation to indicate code is not covered when submitted with screening diagnosis</li> <li>▪ Removed reference to the Medicare Advantage Policy Guideline titled <i>Molecular Diagnostics Infectious Disease Testing</i></li> </ul> </li> <li>○ 87534, 87535, 87536, 87537, 87538, and 87539 <ul style="list-style-type: none"> <li>▪ Removed reference to the Medicare Advantage Policy Guideline titled <i>Molecular Diagnostics Infectious Disease Testing</i></li> </ul> </li> <li>○ 88199 and 88399 <ul style="list-style-type: none"> <li>▪ Added notation to indicate code is not covered when submitted with screening diagnosis</li> <li>▪ Removed reference to the Medicare Advantage Policy Guideline titled <i>Molecular Pathology/Genetic Testing Reported with Unlisted Codes</i></li> </ul> </li> <li>○ 88299 <ul style="list-style-type: none"> <li>▪ Added notation to indicate code is not covered when submitted with screening diagnosis</li> <li>▪ Removed reference to the National Coverage Determination (NCD) for <i>Cytogenetic Studies (NCD 190.3)</i></li> </ul> </li> </ul> </li> </ul> <p><b>HCPCS Codes</b></p> <ul style="list-style-type: none"> <li>● Revised description for G0306, G0307, P9050, U0003, and U0004</li> <li>● Removed G0101, G0102, G0103, G0104, G0105, G0106, G0120, G0121, G0122, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0328, G0432, G0433, G0435, G0445, G0452, G0472, G0475, G0476, G0480, G0481, G0482, G0483, G0499, G0659, P3000, P3001, P9073, P9100, and Q0091</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Updated <i>References</i> section to reflect the most current information</li> <li>● Archived previous policy version MPG185.19</li> </ul>

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:



- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

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Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

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\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).