

## Diagnostic Testing for Inflammatory Bowel Disease 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 Community Plan reimbursement policies uses 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 Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.*

**Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, 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 Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.*

*UnitedHealthcare Community Plan 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. \*CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.*

### Application

**This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.**

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

### Policy

#### Overview

This policy describes the reimbursement methodology for diagnostic testing associated with inflammatory bowel disease when billed with designated conditions.

#### Reimbursement Guidelines

NOTE: Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

#### Serologic Testing

UnitedHealthcare will not consider reimbursement of the following serologic marker procedure codes for individuals with crohn's disease, ulcerative colitis, or irritable bowel syndrome.

#### Procedure Code(s)

83516	83520	86021	86036	86037	86255
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86671	0176U				
<b>Diagnostic Testing</b>					
UnitedHealthcare will not consider reimbursement of diagnostic algorithm-based testing (e.g. ibs-smart™, PredictSURE IBD™ Test, Prometheus® testing) for the determination or monitoring of individuals with irritable bowel syndrome.					
<b>Procedure Code(s)</b>					
82397	83520	88346	88350	0164U	0203U
0598U					

State Exceptions	
<b>Arizona</b>	Arizona is exempt from this policy.
<b>Colorado</b>	Colorado is exempt from this policy.
<b>Idaho</b>	Idaho is exempt from this policy.
<b>Indiana</b>	Indiana is exempt from this policy.
<b>Kentucky</b>	Kentucky is exempt from this policy.
<b>Maryland</b>	Maryland is exempt from this policy.
<b>Massachusetts</b>	Massachusetts is exempt from this policy.
<b>Missouri</b>	Missouri is exempt from this policy.
<b>Nebraska</b>	Nebraska is exempt from this policy.
<b>New Jersey</b>	New Jersey is exempt from this policy.
<b>North Carolina</b>	North Carolina is exempt from this policy.
<b>Ohio</b>	Ohio is exempt from this policy.
<b>Pennsylvania</b>	Per state regulations procedure codes 88346 and 88350 are allowed based on Fee Schedule
<b>Tennessee</b>	Tennessee is exempt from this policy.
<b>Texas</b>	Texas is exempt from this policy.
<b>Virginia</b>	Virginia is exempt from this policy.
<b>Washington DC</b>	Washington DC is exempt from this policy.
<b>Washington</b>	Washington is exempt from this policy.

Resources
Individual state Medicaid regulations, manuals & fee schedules
American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

**History**

<b>02/01/2026</b>	Policy implemented by UnitedHealthcare Community & State
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