

## Respiratory Viral Panel Testing Policy, Professional and Facility, for Louisiana

### **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 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 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 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.

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### Application

#### **This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid 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 (87631, 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

Consistent with the Centers for Medicare and Medicaid Services (CMS) Local Coverage Determinations (LCDs), UnitedHealthcare Community Plan will not consider Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels, including 6 or more pathogens, for reimbursement.

#### Professional HCFA 1500 Claims

UnitedHealthcare Community Plan will deny CPT codes 87631, 87632 or 87633 submitted on a HCFA 1500 Claim Form (CMS-1500) or its electronic equivalent, in any place of service.

#### Facility UB-04 Claims

UnitedHealthcare Community Plan will deny CPT codes 87631, 87632 and 87633 submitted on a UB-04 Claim Form or its electronic equivalent, with any Type of Bill or Revenue code.

Other respiratory virus testing CPT or HCPCS code(s) are not addressed under this policy but may be subject to other policies.

### Codes

87631	87632	87633
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### Questions and Answers

<b>1</b>	<p><b>Q:</b> Is a Long-Term Care (LTC) or Urgent Care facility considered an allowable facility for the Multiplex RT-PCR respiratory viral panel testing?</p> <p><b>A:</b> No, UnitedHealthcare Community Plan does not consider an LTC or Urgent Care facility place of service reimbursable for the Multiplex RT-PCR respiratory viral panel testing.</p>
<b>2</b>	<p><b>Q:</b> Are other respiratory viral tests and panels eligible to be considered for reimbursement under this policy?</p> <p><b>A:</b> Yes, other respiratory viral tests and panels will be considered for reimbursement under this policy. This policy will deny CPT codes 87631, 87632 and 87633 as described above.</p>

### Resources

Individual state Medicaid regulations, manuals & fee schedules; as applicable

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

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

### History

<b>06/13/2021</b>	Policy approved date
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