

# Laboratory Services Respiratory Viral Panel Testing Policy, Facility (CES)

Policy Number: ADMINISTRATIVE 289.1 T0  
Effective Date: July 1, 2021

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Applicable Lines of Business/Products</a> .....	1
<a href="#">Application</a> .....	1
<a href="#">Overview</a> .....	1
<a href="#">Reimbursement Guidelines</a> .....	1
<a href="#">Applicable Codes</a> .....	2
<a href="#">Questions and Answers</a> .....	2
<a href="#">References</a> .....	2
<a href="#">Policy History/Revision Information</a> .....	2
<a href="#">Instructions for Use</a> .....	2

Related Policies
None

## Applicable Lines of Business/Products

This policy applies to Oxford Commercial plan membership.

## 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.

## Overview

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

Note: This policy does not address reimbursement for all laboratory codes. All services described in this policy may be subject to additional Oxford reimbursement policies including, but not limited to, the *Outpatient Hospital CCI Editing (CES)* and the *Outpatient Hospital Add-on Codes (CES)*.

## 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.

## 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 policy 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 may apply.

CPT Codes									
0115U	0151U	0202U	0223U	0225U	87632	87633			

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

## 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.

## References

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed, and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [2021R5020A]

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

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

## Policy History/Revision Information

Date	Summary of Changes
07/01/2021	<ul style="list-style-type: none"><li>New Reimbursement Policy</li></ul>

## Instructions for Use

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The InterQual® criteria are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.