

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 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 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 (0115U, 0202U, 0223U, 0225U, 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 considers Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels, including 6 or more pathogens will not be considered for reimbursement.

Professional HCFA 1500 Claims

UnitedHealthcare Community Plan will deny CPT codes 0115U, 0202U, 0223U, 0225U, 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 code(s) 0115U, 0202U, 0223U, 0225U, 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

0115U	0202U	0223U	0225U	87632	87633
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Questions and Answers

1	<p>Q: Is Long Term Care (LTC) or Urgent Care facilities considered an allowable facility for the Multiplex RT-PCR respiratory viral panel testing?</p> <p>A: No, UnitedHealthcare Community Plan does not consider a LTC or Urgent Care facility places of service reimbursable for the Multiplex RT-PCR respiratory viral panel testing.</p>
2	<p>Q: Are other respiratory viral tests and panels, such as CPT 87631, eligible to be considered for reimbursement under this policy?</p> <p>A: Yes, other respiratory viral tests and panels, such as CPT 87631, will be considered for reimbursement under this policy. This policy will deny CPT codes 0115U, 0202U, 0223U, 0225U, 87632 and 87633 as described above.</p>

State Exceptions

Arizona	Arizona Medicaid will consider CPT codes 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
California	California Medicaid will consider CPT codes 0202U, 0223U, 0225U, 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
Colorado	Colorado will consider CPT code 87633 for reimbursement.
Florida	Florida Medicaid will consider CPT codes 0115U, 0202U, 0223U, 0225U, 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
Hawaii	Hawaii Medicaid will consider CPT codes 0115U, 0202U, 0223U, 0225U, 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
Indiana	Indiana Medicaid will consider CPT codes 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
Kansas	Kansas Medicaid is excluded from this policy.
Kentucky	Kentucky Medicaid will consider CPT codes 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
Louisiana	Louisiana Medicaid is excluded from this policy.
Maryland	Maryland Medicaid will consider CPT codes 0115U, 0202U, 0223U, 0225U, 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.

Massachusetts	Massachusetts Medicaid will consider CPT codes 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
Michigan	Michigan Medicaid will consider CPT codes 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
Minnesota	Minnesota Medicaid will consider CPT codes 0202U, 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
Mississippi	Mississippi Medicaid will consider CPT codes 0115U, 0202U, 0223U, 0225U, 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
Missouri	Missouri Medicaid is excluded from this policy.
Nebraska	Nebraska Medicaid will consider CPT codes 0202U, 0223U, 0225U, 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
New Jersey	New Jersey Medicaid will consider CPT codes 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
New York	New York Medicaid will consider CPT codes 0115U, 0202U, 0223U, 0225U, 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
North Carolina	North Carolina Medicaid is excluded from this policy.
Ohio	Ohio Medicaid will consider CPT codes 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
Pennsylvania	Pennsylvania Medicaid will consider CPT codes 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
Rhode Island	Rhode Island Medicaid will consider CPT codes 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
Tennessee	Tennessee Medicaid will consider CPT codes 0115U, 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement. Tennessee Medicaid will consider CPT codes C9803, G2023, G2024, U0001, U0002, U0003, U0004, 0202U, 0223U, 0224U, 0225U, 0226U, 0240U, 0241U, 86318, 86328, 86408, 86409, 86413, 86602, 86635, 86769, 87426, 87635, 87636, 87637, 87811 in any place of service.
Texas	Texas Medicaid will consider CPT codes 0115U, 0202U, 0223U, 0225U, 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
Virginia	Virginia Medicaid will consider CPT codes 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
Washington	Washington Medicaid will consider CPT codes 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
Washington DC	Washington DC Medicaid will consider CPT codes 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.

Wisconsin	Wisconsin Medicaid will consider CPT codes 87632 and 87633 in a facility (UB-04) Emergency Room, Observation and/or Inpatient setting for reimbursement.
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Resources
Individual state Medicaid regulations, manuals & fee schedules; as applicable
American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services
Centers for Medicare and Medicaid Services (CMS) Local Coverage Determinations (LCD's)

History	
1/23/2023	Annual Anniversary Date and Version Change State Exceptions Section: Colorado added
12/22/2022	Policy Version Change State Exceptions Section: Ohio updated
12/12/2022	Policy Version Change Policy updated to remove CPT code 0151U, code deleted 4/1/2022 History Section: Archived entries prior to 12/12/2022
3/1/2022	Policy Version Change State Exceptions Section: Missouri updated
2/6/2022	Policy Version Change State Exceptions Section: Added Washington DC
1/21/2022	Policy Version Change State Exceptions Section: Tennessee updated
1/1/2022	Policy Version Change State Exceptions Section: Missouri updated
11/14/2021	Policy Version Change State Exceptions Section: North Carolina updated History Section: Archived entries prior to 11/14/2020
9/22/2021	Policy Version Change State Exceptions Section: Virginia updated History Section: Archived entries prior to 9/22/2019
8/23/2021	Policy Version Change State Exceptions Section: North Carolina updated
6/30/2021	Policy Version Change State Exceptions Section: Update language for all states
6/1/2021	Policy Version Change Codes: 0115U, 0151U, 0202U, 0223U, 0225U added State exceptions section: AZ, CA, FL, HI, IN, KS, KY, LA, MA, MD, MI, MS, MO, NC, NE, NJ, NY, OH, PA, RI, TN, TX, VA added
4/4/2021	Policy Version Change State Exceptions section updated: Wisconsin added
2/18/2021	Policy update aligning with CMS LCD approved by PICOG
6/27/2019	Policy approved date