

Flow Cytometry 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 flow cytometry services when billed with designated conditions. Certain services are also subject to specific frequency limitations.

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.

Cell Markers

UnitedHealthcare will consider reimbursement of the following flow cytometry immunophenotyping of cell surface marker procedure codes when billed for any of the conditions listed below:

Procedure Code(s)

88184	88185	88187	88188	88189	



Condition(s)

- a. Cytopenias, lymphomas, leukemia, myeloproliferative and lymphoproliferative disorders, or myelodysplastic syndrome.
- b. B-cell monitoring for immunosuppressive disorders.
- c. T-cell monitoring for HIV infection and AIDS.
- d. Mast cell neoplasms.
- e. Paroxysmal nocturnal hemoglobinuria.
- f. Preoperative or post-operative monitoring of individuals who will undergo or who have undergone organ transplantation.
- g. Plasma cell disorders.
- h. Primary immunodeficiencies (PIDs).
- i. Primary platelet disorders, non-neoplastic.
- j. Red cell and white cell disorders, non-neoplastic.
- k. Malignant neoplasms.

UnitedHealthcare will not consider reimbursement of the flow cytometry immunophenotyping of cell surface marker procedure codes above for any other conditions.

Limitations

Two Specimens per Date of Service

Procedure codes 88187, 88188, and 88189 are reimbursable up to two specimens per date of service.

Procedures Not Separately Reimbursable

Procedure codes 86355, 86356, 86357, 86359, 86360, 86361, 86367 for cell enumeration are not separately reimbursable if submitted in conjunction with codes 88184, 88185, 88187, 88188, 88189 per date of service.

Single Unit Use Only

Procedure codes 86355, 86356, 86357, 86359, 86360, 86361, or 86367 are reimbursable as single units only per date of service.

Cell Cycle or DNA Analysis

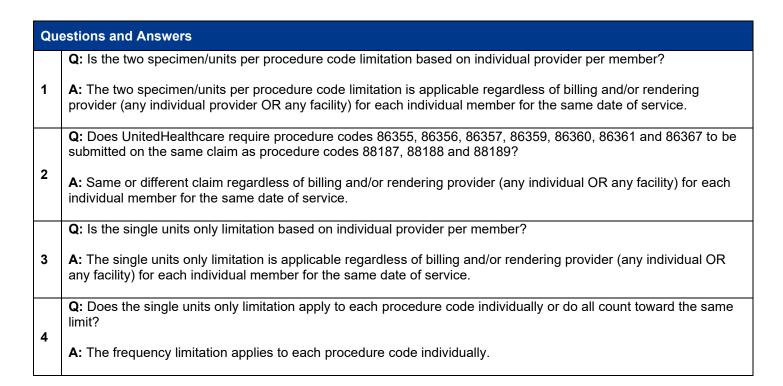
Procedure code 88182 (flow cytometry-derived DNA content (DNA Index) or cell proliferative activity (S-phase fraction or % S-phase) is not reimbursable for prognostic or therapeutic purposes in the routine clinical management of cancers.

State Exceptions		
Arizona	Arizona is exempt from this policy.	
Colorado	Colorado is exempt from this policy.	
Idaho	Idaho is exempt from this policy.	
Indiana	Indiana is exempt from this policy.	
Kansas	Kansas is exempt from this policy.	
Kentucky	Kentucky is exempt from this policy.	
Maryland	Maryland is exempt from this policy.	
Massachusetts	Massachusetts is exempt from this policy.	



Missouri	Missouri is exempt from this policy.
Nebraska	Nebraska is exempt from this policy.
New Jersey	New Jersey is exempt from this policy.
New York	New York is exempt from this policy.
Ohio	Ohio is exempt from this policy.
Pennsylvania	Pennsylvania is exempt from this policy.
Rhode Island	Rhode Island is exempt from this policy.
Tennessee	Tennessee is exempt from this policy.
Texas	Texas is exempt from this policy.
Virginia	Per state guidelines Virginia is exempt from the unit/per date limitation and will follow state guidelines for unit/per date limits.
Washington	Washington is exempt from this policy.
Washington DC	Per state guidelines Washington DC is exempt from the unit/per date limitation and will follow state guidelines for unit/per date limits.

Definitions		
Two specimens	Two units (per code)	
Single unit only	One unit	





Reimbursement Policy CMS-1500 UB04 Policy Number 2025R8113A

Resources

Individual state Medicaid regulations, manuals & fee schedules

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

Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

History	
02/01/2026	Policy implemented by UnitedHealthcare Community & State