STAT outpatient laboratory services exceptions list

Updated: Jan. 1, 2026

Preferred laboratory services protocol

According to the UnitedHealthcare Community Plan of Maryland Preferred Laboratory Services Protocol, laboratory services ordered for plan members by their primary care provider (PCP) or specialist must be performed at the outpatient medical laboratory designated on the member's health plan ID card. We developed this protocol to help our members access appropriate care and keep their health care costs down.

UnitedHealthcare will deny claims for services that aren't performed at the designated outpatient medical laboratory unless they qualify as an exception. Exceptions to the requirements include:

- Tests performed during a covered visit to an urgent care facility or hospital emergency department
- STAT tests performed during a covered visit to a care provider's office listed in the STAT Outpatient Laboratory Services Exception List (included on the next page). For purposes of this document, STAT refers to items that are urgent or emergent in nature.
- STAT tests necessary to perform services at the time of visit
- Pathology services performed on specimens obtained during surgery at a hospital outpatient department
- Tests required on an intraoperative or intra-procedure basis for outpatient surgery or outpatient procedures
- Preoperative blood type and crossmatch studies
- Situations in which services are preapproved and/or contract exceptions apply

Questions?

Connect with us through chat 24/7 in the **UnitedHealthcare Provider Portal**.

United Healthcare Community Plan

STAT laboratory tests

If laboratory results are required on a STAT basis, the designated outpatient medical laboratory can arrange quick pickup and reporting. If a care provider performs a STAT test for a UnitedHealthcare Community Plan member and bills for the service, they must use the ET modifier with the CPT® code for the test. Additionally, the diagnosis indicated on the claim must support the STAT billing.

The table on the following pages lists the STAT outpatient exceptions to our Preferred Laboratory Services Protocol with their corresponding CPT codes.

Exceptions to this policy include the following STAT tests:

CPT code	Description
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed (do not report 0224U in conjunction with 86769)
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum
0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected
0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected
80048	Basic metabolic panel
80051	Electrolyte panel
80053	Comprehensive metabolic panel
80055	Obstetric panel
80061	Lipid panel

CPT code	Description
80069	Renal function panel
80074	Acute hepatitis panel
80076	Hepatic function panel
80081	Under organ or disease-oriented panels
80156	Carbamazepine drug assay
80162	Digoxin drug assay
80163	Therapeutic drug assays
80165	Therapeutic drug assays
80178	Lithium drug assay
80184	Phenobarbital drug assay
80185	Phenytoin: total drug assay
80195	Sirolimus
80198	Theophylline drug assay
81000	Urinalysis
81001	Urinalysis; automated w/microscopy
81002	Urinalysis; non-automated w/o microscopy
81003	Urinalysis; automated w/o microscopy
81005	Urinalysis; qualitative
81007	Urinalysis; bacteriuria screen, non-cultured
81015	Urinalysis microscopic only
81025	Urine pregnancy test; visual
82120	Amines, vaginal fluid
82150	Amylase
82247	Bilirubin; total
82248	Bilirubin; direct
82270	Blood occult; feces screening
82271	Blood occult; peroxidase activity qualitative, other
82272	Blood occult peroxidase activity qualitative, feces
82310	Calcium; total
82374	Carbon dioxide
82435	Chloride; blood
82465	Assay, blood/serum cholesterol
82550	Creatine kinase, total
82565	Creatinine, blood

CPT code	Description
82800	Gases; blood, pH only
82803	Gases; blood, pH, pCO2, pO2, CO2, HCO3
82810	Gases; blood O2 saturation only
82947	Glucose; quantitative
82948	Glucose; blood reagent strip
82962	Glucose; blood by glucose monitoring device
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple-step method
83615	Lactate dehydrogenase (LD), (LDH)
83718	Assay of lipoprotein
83735	Magnesium
83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity
84030	Phenylalanine (PKU); blood
84075	Phosphatase; alkaline
84100	Phosphorus inorganic (phosphate)
84132	Potassium; serum, plasma or whole blood
84295	Sodium; serum plasma or whole blood
84450	Transferase; aspartate amino
84460	Transferase; alanine amino
84520	Urea nitrogen; quantitative
84545	Urea nitrogen; clearance
84550	Uric acid; blood
84702	Gonadotropin, chorionic; quantitative
84703	Gonadotropin, chorionic; qualitative
85014	Blood count: hematocrit (Hct)
85018	Blood count; hemoglobin (Hgb)
85025	Blood count; complete (CBC) hemogram and platelet
85027	Blood count; complete (CBC), automated with platelet count
85049	Hematology and coagulation
85060	Blood smear, peripheral, interpretation by physician
85610	Prothrombin time
85730	Thromboplastin time; partial (PTT)
85732	Thromboplastin time; partial (PTT), substitution
86308	Heterophile antibodies; screening

CPT code	Description
86318	Immunoassay infectious agent antibody
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., re-agent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); screen
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); titer
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative
86580	Skin test; tuberculosis, intradermal
86703	Antibody: HIV-1&HIV-2 SINGLE
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
86901	Blood typing, serologic; Rh (D)
87205	Smear; gram or giemsa routine stain
87210	Smear; wet mount for infectious agents
87220	Tissue examination by KOH slide
87400	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; influenza, A or B, each
87420	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay, enzyme-linked immunosorbent assay, immunochemiluminometric assay) qualitative or semi-quantitative, multiple-step method; respiratory syncytial virus
87426	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARSCoV-2 coronavirus) (e.g., SARS-CoV, SARSCoV-2 [COVID-19])
87428	Severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID19]) and influenza virus types A and B
87430	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Streptococcus, group A

CPT code	Description
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique
87636	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) antibody, quantitative
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus
87809	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus
87811	Infectious agent antigen detection by immunoassay with direct optical (e.g., immunoassay with direct optical (e.g., visual) observation); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
88172	Cytopathology; evaluation of fine needle aspirate
88173	Cytopathology, needle aspirate, cytology interpretation
88738	Pathology and laboratory/in vivo (transcutaneous) lab
89300	Semen analysis w/Huhner's test (post coital)
83655QW*	Capillary lead
84703QW*	Rapid pregnancy
87502QW*	Point of Care Molecular Influenza A&B
87634QW*	Point of Care RSV
87804QW*	Rapid influenza
87880QW*	Rapid streptococcus, group A
86803QW*	Hepatitis C antibody
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), any specimen source
G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), from an individual in an SNF (skilled nursing facility) or by a laboratory on behalf of an HHA (home health agency), any specimen source
Q0111	Wet mounts including preparation of specimens
Q0112	All potassium hydroxide (KOH)
U0001	CDC 2019 novel coronavirus (2019-nCoV) real time RT-PCR diagnostic panel

CPT code	Description
U0002	2019-nCoV coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types, or subtypes (includes all targets), non-CDC
U0003**	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R
U0004**	2019-nCoV coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high-throughput technologies as described by CMS-2020-01-R

* These tests use a methodology of the Clinical Laboratory Improvement Amendments (CLIA)-waived category and may sometimes be billed with the QW modifier. Excludes places of service 11, 21 and 22 for pathology.

** When billing for Healthcare Common Procedure Coding System (HCPCS) codes U0003 and U0004, please note the following:

- U0003 should identify tests performed with high-throughput technologies that would otherwise be billed using CPT code 87635
- U0004 should identify tests performed with high-throughput technologies that would otherwise be billed using U0002
- Neither U0003 nor U0004 should be billed for tests that detect COVID-19 antibodies. When billing all codes listed above, an ET modifier is required.

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