

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® Commercial and Individual Exchange Reimbursement Policy® Commercial and Individual Exchange Reimbursement Policy may 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® Commercial and Individual Exchange Reimbursement Policy® Commercial and Individual Exchange Reimbursement Policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy 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® Commercial and Individual Exchange Reimbursement Policy enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, 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® Commercial and Individual Exchange Reimbursement Policy due to programming or other constraints; however, UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy strives to minimize these variations.

UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy 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 services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500), UB04 claim form or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, outpatient facility claims, Ambulatory Surgical Centers (ASC), Outpatient Surgical Centers (OSC), including, but not limited to, non-network authorized and percent of charge contract physicians, other qualified health care professionals or facilities.

United Healthcare Commercial

This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange

This Reimbursement Policy applies to all Individual Exchange benefit plans.

| Policy | | | | | |
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| 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) | | | | | |
| <ul style="list-style-type: none"> 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, 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.

Definitions

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

Questions and Answers

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| 1 | <p>Q: Is the Two specimen/units per procedure code limitation based on individual provider per member?</p> <p>A: The Two specimen/units per procedure code limitation is applicable regardless of billing and/or rendering provider (any individual provider OR any facility) for each individual member for the same date of service.</p> |
| 2 | <p>Q: Does UnitedHealthcare require procedure codes 86355, 86356, 86357, 86359, 86360, 86361 and 86367 to be submitted on the same claim as procedure codes 88187, 88188 and 88189?</p> <p>A: Same or different claim regardless of billing and/or rendering provider (any individual OR any facility) for each individual member for the same date of service.</p> |
| 3 | <p>Q: Is the single units only limitation based on individual provider per member?</p> <p>A: The single units only limitation is applicable regardless of billing and/or rendering provider (any individual OR any facility) for each individual member for the same date of service.</p> |
| 4 | <p>Q: Does the single units only limitation apply to each procedure code individually or do all count toward the same limit?</p> <p>A: The frequency limitation applies to each procedure code individually.</p> |

Resources

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
 Centers for Medicare and Medicaid Services (CMS) Recovery Audit Contractors (RAC)

History



UnitedHealthcare® Commercial and Individual Exchange
Reimbursement Policy
CMS 1500
UB04
Policy Number 2026R8013A

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| 5/1/2026 | Policy Version Change Policy Language update in Reimbursement Guidelines section |
| 12/1/2025 | Policy implemented by UnitedHealthcare Employer & Individual and Individual Family Plan (IFP) Exchange |
| 9/22/2025 | Policy Version Change Policy Language update in Reimbursement Guidelines section |
| 9/1/2025 | Policy published |