

**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.

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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 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.

**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	
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<p><b>Condition(s)</b></p> <ul style="list-style-type: none"> <li>a. Cytopenias, lymphomas, leukemia, myeloproliferative and lymphoproliferative disorders, or myelodysplastic syndrome.</li> <li>b. B-cell monitoring for immunosuppressive disorders.</li> <li>c. T-cell monitoring for HIV infection and AIDS.</li> <li>d. Mast cell neoplasms.</li> <li>e. Paroxysmal nocturnal hemoglobinuria.</li> <li>f. Preoperative or post-operative monitoring of individuals who will undergo or who have undergone organ transplantation.</li> <li>g. Plasma cell disorders.</li> <li>h. Primary immunodeficiencies (PIDs).</li> <li>i. Primary platelet disorders, non-neoplastic.</li> <li>j. Red cell and white cell disorders, non-neoplastic.</li> <li>k. Malignant neoplasms.</li> </ul> <p>UnitedHealthcare will not consider reimbursement of the flow cytometry immunophenotyping of cell surface marker procedure codes above for any other conditions.</p>
<p><b>Procedures Not Separately Reimbursable</b></p> <p>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.</p>
<p><b>Cell Cycle or DNA Analysis</b></p> <p>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.</p>

State Exceptions	
<b>Arizona</b>	Arizona is exempt from this policy.
<b>Idaho</b>	Idaho is exempt from this policy.
<b>Indiana</b>	Indiana is exempt from this policy.
<b>Kansas</b>	Kansas is exempt from this policy.
<b>Kentucky</b>	Kentucky is exempt from this policy.
<b>Maryland</b>	Maryland is exempt from this policy.
<b>Massachusetts</b>	Massachusetts is exempt from this policy.
<b>Missouri</b>	Missouri is exempt from this policy.
<b>Nebraska</b>	Nebraska is exempt from this policy.
<b>New Jersey</b>	New Jersey is exempt from this policy.
<b>Ohio</b>	Ohio is exempt from this policy.
<b>Pennsylvania</b>	Per PA DHS fee schedule procedure code 86356 is allowed a limit of 5 units.
<b>Tennessee</b>	Tennessee is exempt from this policy.
<b>Texas</b>	Texas is exempt from this policy.

<b>Virginia</b>	Per state guidelines, Virginia is exempt from the unit/per date limitation and will follow guidelines for unit/per date limits.
<b>Washington</b>	Washington is exempt from this policy.
<b>Washington DC</b>	Washington DC is exempt from this policy.

**Questions and Answers**

<b>1</b>	<p><b>Q:</b> 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><b>A:</b> 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>
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**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**

<b>5/1/2026</b>	Policy Version Change State Exceptions Section: Colorado, New York, and Rhode Island removed. Pennsylvania updated
<b>3/6/2026</b>	Policy Version Change Policy Language Update in Overview and Limitations Sections Definitions Section Removed Q&A Section Updates
<b>11/20/2025</b>	Policy Version Change State Exceptions Section: Washington DC updated
<b>11/8/2025</b>	Policy published
<b>2/1/2026</b>	Policy implemented by UnitedHealthcare Community & State