

DEX test code registry phase list for UnitedHealthcare plans

Phase 1 CPT® Codes

- UnitedHealthcare commercial plan: Dates of service on or after June 1, 2024
- UnitedHealthcare Community Plan (Medicaid): Dates of service on or after Feb. 1, 2025

81105	81235	81328	81528	0089U	0201U
81106	81236	81329	81529	0090U	0204U
81107	81237	81330	81540	0111U	0211U
81108	81238	81332	81541	0113U	0221U
81109	81243	81334	81542	0118U	0222U
81110	81244	81335	81546	0137U	0235U
81111	81245	81336	81551	0154U	0239U
81112	81246	81338	81552	0155U	0242U
81120	81247	81339	81554	0157U	0244U
81121	81251	81340	81595	0158U	0246U
81161	81252	81342	0001U	0159U	0250U
81168	81255	81347	0005U	0160U	0282U
81170	81256	81348	0011M	0161U	0286U
81171	81257	81350	0013M	0169U	0288U
81172	81259	81355	0016M	0171U	0306U
81175	81260	81357	0016U	0172U	0307U
81176	81261	81360	0017U	0173U	0313U
81191	81263	81361	0022U	0175U	0319U
81192	81264	81363	0023U	0177U	0320U
81193	81269	81364	0027U	0179U	0326U
81194	81270	81374	0029U	0180U	0329U
81200	81272	81377	0034U	0181U	0334U
81205	81273	81381	0037U	0182U	0339U
81206	81275	81383	0040U	0183U	0340U

Phase 1 CPT® Codes (cont.)

81207	81276	81316	81523	0088U	0199U
81208	81278	81412	81525	0188U	0200U
81209	81279	81418	0045U	0184U	0348U
81210	81283	81445	0046U	0185U	0343U
81215	81284	81449	0047U	0186U	0345U
81217	81287	81450	0049U	0187U	0347U
81219	81290	81451	0050U	0189U	0349U
81220	81305	81455	0070U	0190U	0350U
81222	81306	81456	0071U	0191U	0356U
81223	81308	81479*	0072U	0192U	0048U
81225	81309	81504	0073U	0193U	
81226	81310	81518	0074U	0194U	
81227	81311	81519	0075U	0195U	
81230	81313	81520	0076U	0196U	
81231	81314	81521	0084U	0197U	
81232	81315	81522	0087U	0198U	

Phase 1 scope includes:

- Specific services billed under 81479*
 - Prenatal Carrier Screening
 - Pharmacogenomics testing (PGx) including single gene and multi-gene panels

Phase 2 CPT® Codes

- UnitedHealthcare commercial plan: Dates of service on or after Nov. 1, 2024
- UnitedHealthcare Community Plan (Medicaid): Dates of service on or after Feb. 1, 2025

81162	81212	81318	0032U
81163	81216	81319	0036U
81164	81218	81321	0101U
81165	81221	81322	0102U
81166	81299	81323	0103U
81167	81300	81337	0114U
81201	81301	81346	0129U
81202	81307	81351	0130U
81203	81317	0031U	0133U

Phase 2 CPT® Codes (cont.)

0134U	81296	81479*	0391U
0392U	81297	0030U	0444U
0398U	81298	0138U	0315U
81224	81352	0136U	81241
81240	81353	0162U	0449U
81242	81362	0236U	0460U
81250	81432	0238U	0461U
81258	81435	0278U	0467U
81288	81457	0297U	0470U
81291	81458	0298U	0471U
81292	81459	0314U	0473U
81293	81462	0364U	0474U
81294	81463	0379U	0475U
81295	81464	0388U	

Specific services billed under 81479*:

- Venous Thromboembolism Risk and Hereditary Thrombophilia Testing
 - Diagnosis and High-Risk Inherited Cancer Panels
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Phase 3 CPT® Codes

- UnitedHealthcare commercial plan: Dates of service on or after Jan. 1, 2025
- UnitedHealthcare Community Plan (Medicaid): Dates of service on or after Feb. 1, 2025

81349	81404	81415	81426	0094U	0215U
81400	81405	81416	81427	0209U	0327U
81401	81406	81417	81443	0212U	0425U
81402	81407	81420	81479*	0213U	0426U
81403	81408	81425	81507	0214U	0469U

Specific services billed under 81479*:

- Cell-Free Fetal DNA Testing

Phase 4 CPT® Codes

- UnitedHealthcare commercial plan: Dates of service on or after March 1, 2025
- UnitedHealthcare Community Plan (Medicaid): Dates of service on or after April 1, 2025

0020M	81262	81437	0230U	0299U	0478U
0452U	81265	81439	0231U	0300U	0481U
0453U	81266	81440	0232U	0318U	0485U
0454U	81267	81441	0233U	0323U	0486U
0464U	81268	81442	0234U	0331U	0487U
0465U	81271	81448	0237U	0332U	0488U
0466U	81274	81460	0245U	0333U	0489U
81173	81277	81470	0252U	0335U	81174
81177	81286	81479*	0258U	0341U	0492U
81178	81289	81493	0260U	0355U	0493U
81179	81302	81558	0262U	0362U	0494U
81180	81303	0004M	0264U	0363U	0495U
81181	81304	0006M	0265U	0368U	0496U
81182	81312	0007M	0266U	0378U	0497U
81183	81320	0012M	0267U	0389U	0498U
81184	81324	0017M	0268U	0395U	0499U
81185	81325	0018U	0269U	0401U	0500U
81186	81326	0019U	0270U	0405U	0501U
81187	81327	0026U	0271U	0410U	0506U
81188	81331	0055U	0272U	0413U	0507U
81189	81333	0069U	0273U	0417U	0510U
81190	81341	0079U	0274U	0420U	0511U
81195	81343	0091U	0276U	0421U	0516U
81204	81344	0120U	0277U	0437U	0523U
81228	81345	0153U	0285U	0439U	0529U
81229	81410	0156U	0287U	0440U	0530U
81233	81411	0170U	0289U	81465	
81234	81413	0203U	0290U	0253U	
81239	81414	0205U	0291U	81422	
81248	81419	0216U	0292U	0463U	
81249	81430	0217U	0293U	0476U	
81253	81431	0218U	0294U	0477U	
81254	81434	0229U	0296U	0490U	
81285	81471	0254U	0336U	0491U	

Specific services billed under 81479*:

- All other services not specified in Phases 1-3

UnitedHealthcare commercial plan and UnitedHealthcare Community Plan (Medicaid) dates of service on or after April 1, 2025

0532U	0537U	0543U	0533U	0538U	
0534U	0539U	0549U	0536U	0540U	

UnitedHealthcare commercial plan and UnitedHealthcare Community Plan (Medicaid) dates of service on or after July 1, 2025

0552U	0554U	0560U	0562U	0566U	0569U
0553U	0555U	0561U	0565U	0567U	0571U

UnitedHealthcare commercial plan and UnitedHealthcare Community Plan (Medicaid) dates of service on or after Oct. 1, 2025

0575U	0578U	0583U	0586U	0597U	
0576U	0582U	0585U	0592U		

UnitedHealthcare commercial plan and UnitedHealthcare Community Plan (Medicaid) dates of service on or after Jan, 1, 2026

81354	81524	0605U	0611U	0612U	0613U
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UnitedHealthcare commercial plan and UnitedHealthcare Community Plan (Medicaid) dates of service on or after April 1, 2026

0616U	0619U	0623U	0626U	0630U	
0617U	0620U	0624U	0627U		
0618U	0622U	0625U	0628U		

Questions? We're here to help.

For test submission questions, please visit the DEX Website or email customer service at DEX.Customer.Service@PalmettoGBA.com.

For questions specific to UnitedHealthcare Policy, email United_Genetics@UHC.com.

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