

Laboratory services protocol

M.D. IPA, M.D. IPA Preferred, Optimum Choice and Optimum Choice Preferred

This protocol is specific to the Mid-Atlantic Health Plan laboratory services process. This protocol applies to members with MD-Individual Practice Association, Inc. (M.D. IPA), M.D. IPA Preferred, Optimum Choice®, Inc. (OCI) and Optimum Choice Preferred health plans and all network physicians and health care professionals.

A participating outpatient commercial medical laboratory must perform the laboratory services ordered by a primary care provider or specialists. Beginning April 1, 2025, members may receive services at any participating laboratory facility. Any “LAB” restriction that may appear on a member’s ID card is not applicable.



Questions? We’re here to help

For chat options and contact information, visit our [contact resources](#).



Exceptions

The following circumstances are exceptions to the requirements:

- Tests performed during a covered visit to an urgent care facility or hospital emergency department
- Short Turnaround Testing (STAT) tests necessary to perform services at the time of visit:
 - See the [STAT Laboratory List](#)
 - If laboratory results are required on a STAT basis, the designated commercial medical laboratory can arrange a STAT pick-up and reporting. If a care provider performs a STAT test and bills the service for a member, please use the “ET” modifier with the CPT® code for the test.
 - Routine outpatient laboratory tests performed prior to scheduled inpatient or outpatient procedures must be provided a participating laboratory



Exceptions (cont.)

- Pathology services performed on specimens obtained during surgery at a hospital outpatient department
- Tests required on an intra-operative or intra-procedure basis for outpatient surgery or outpatient procedures
- Preoperative blood type and crossmatch studies



Participating outpatient commercial medical laboratories

The member's ID card will include the following:

- LAB = PAR (any participating outpatient commercial medical laboratory)

Please refer members to a participating outpatient commercial medical laboratory by using the [provider directory](#). For chat options and contact information, visit our [Contact us](#) page.



Outpatient commercial medical laboratory services for OCI Preferred and M.D.IPA Preferred

UnitedHealthcare members may use LabCorp or any other participating facility for laboratory services. Member cost share obligations may be lower when referred to LabCorp.



End-stage renal disease diagnosis: Laboratory tests performed in outpatient facility and dialysis centers

An outpatient facility or dialysis center may perform laboratory tests without using the STAT modifier when billed with an end-stage renal disease diagnosis. UnitedHealthcare reimburses physicians credentialed in the fields of practice designated in the following table for labs performed in the physician's office using the below CPT codes.

CPT code	Description	Designated fields of practice
81001	Urinalysis, automated with microscopy	Hematology, oncology, pediatric hematology, oncology
81002	Routine urinalysis with microscopy	Hematology, oncology, pediatric hematology, oncology
81003	Urinalysis with microscopy	Hematology, oncology, pediatric hematology, oncology
81015	Urinalysis, microscopy only	Hematology, oncology, pediatric hematology, oncology
83986	Assay body fluid activity	Gastroenterology, pediatric gastroenterology, pediatric pulmonology, pulmonology
85007	Complete blood count with platelet count	Hematology, oncology, pediatric hematology, oncology



CPT code	Description	Designated fields of practice
85027	Blood count, differential white blood cell (WBC)	Hematology, oncology, pediatric hematology, oncology
85049	Platelet, automated count	Hematology, oncology, pediatric hematology, oncology
85576	Platelet, aggregation, any agent	Hematology, oncology, pediatric hematology, oncology
89060	Crystal identification	Orthopedic surgery, rheumatology, pediatric, pediatric orthopedics
89320	Semen analysis, complete	Urology, pediatric urology



Reimbursement for laboratory tests billed with a malignant cancer diagnosis or chemotherapy

The following laboratory services are eligible for reimbursement when submitted with a cancer diagnosis for a member who is actively receiving treatment.

CPT code	Description
80048	Basic metabolic panel
85007	Blood smear
85008	Blood smear
85014	Hematocrit
85018	Hemoglobin
85025	CBC with WBC and platelet count
85027	Blood count, CBC, automated
85032	Blood count, manual cell count
85549	Blood count, platelet, automated
85060	Blood smear, peripheral, interpretation by physician with written report
85536	Iron stain, peripheral blood

CPT® is a registered trademark of the American Medical Association.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.