

UnitedHealthcare® Commercial Reimbursement Policy CPT Codes

Table 1. UnitedHealthcare Commercial Reimbursement Policy Update Phase 1					
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
81207	81276	81412	0045U	0184U	0343U
81208	81278	81418	0046U	0185U	0345U
81209	81279	81445	0047U	0186U	0347U
81210	81283	81449	0048U	0187U	0348U
81215	81284	81450	0049U	0188U	0349U
81217	81287	81451	0050U	0189U	0350U
81219	81290	81455	0070U	0190U	0356U
81220	81305	81456	0071U	0191U	
81222	81306	81479*	0072U	0192U	
81223	81308	81504	0073U	0193U	
81224	81309	81518	0074U	0194U	
81225	81310	81519	0075U	0195U	
81226	81311	81520	0076U	0196U	
81227	81313	81521	0078U	0197U	
81230	81314	81522	0084U	0198U	
81231	81315	81523	0087U	0199U	
81232	81316	81525	0088U	0200U	

*Special instructions for 81479: [Only Include service types below for Phase 1](#)

- Prenatal Carrier Screening (genetic disease carrier status for procreative management)
- Pharmacogenomics testing (PGx) including single gene and multi-gene panels

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Table 2. UnitedHealthcare Commercial Reimbursement Policy Update Phase 2					
81162	81288	81337	0032U	0297U	0428U
81163	81291	81346	0036U	0298U	0433U
81164	81292	81351	0101U	0314U	0434U
81165	81293	81352	0102U	0315U	0438U
81166	81294	81353	0103U	0364U	0444U
81167	81295	81362	0114U	0379U	0448U
81201	81296	81432	0129U	0380U	0449U
81202	81297	81433	0130U	0388U	0456U
81203	81298	81435	0131U	0391U	0460U
81212	81299	81436	0132U	0392U	0461U
81216	81300	81457	0133U	0398U	0467U
81218	81301	81458	0134U	0400U	0470U
81221	81307	81459	0135U	0403U	0471U
81224	81317	81462	0136U	0409U	0473U
81240	81318	81463	0138U	0411U	0474U
81241	81319	81464	0162U	0419U	0475U
81242	81321	81479*	0236U	0422U	
81250	81322	0030U	0238U	0423U	
81258	81323	0031U	0278U	0424U	

*Special instructions for 81479: Only Include service types below for Phase 2

- Venous Thromboembolism Risk and Hereditary Thrombophilia Testing
- Diagnosis and High-Risk Inherited Cancer Panels

Table 3. UnitedHealthcare Commercial Reimbursement Policy Update Phase 3					
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

*Special instructions for 81479: Only Include service types below for Phase 3

- Cell-Free Fetal DNA Testing

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Revision History	
10/01/2024	Added Table 3 for Phase 3 CPT Codes
08/02/2024	Added Table 2 for Phase 2 CPT Codes
02/05/2024	Removal of 0341U
01/04/2024	Removal of 0363U
07/14/2023	Removal of Prenatal cell-free DNA Screening (PCFS) (formerly Noninvasive Prenatal Screening (NIPS)) and associated CPT Codes from Phase 1 (81420, 81422, 81507, 0327U)
05/02/2023	Original Notification