

United Healthcare Commercial Reimbursement Policy Update Wave I

Table 1. United Healthcare Commercial Reimbursement Policy Update Wave I					
81105	81235	81328	81522	0084U	0198U
81106	81236	81329	81523	0087U	0199U
81107	81237	81330	81525	0088U	0200U
81108	81238	81332	81528	0089U	0201U
81109	81243	81334	81529	0090U	0204U
81110	81244	81335	81540	0111U	0211U
81111	81245	81336	81541	0113U	0221U
81112	81246	81338	81542	0118U	0222U
81120	81247	81339	81546	0137U	0235U
81121	81251	81340	81551	0154U	0239U
81161	81252	81342	81552	0155U	0242U
81168	81255	81347	81554	0157U	0244U
81170	81256	81348	81595	0158U	0246U
81171	81257	81350	0001U	0159U	0250U
81172	81259	81355	0005U	0160U	0282U
81175	81260	81357	0011M	0161U	0286U
81176	81261	81360	0013M	0169U	0288U
81191	81263	81361	0016M	0171U	0306U
81192	81264	81363	0016U	0172U	0307U
81193	81269	81364	0017U	0173U	0313U
81194	81270	81374	0022U	0175U	0319U
81200	81272	81377	0023U	0177U	0320U
81205	81273	81381	0027U	0179U	0326U
81206	81275	81383	0029U	0180U	0327U
81207	81276	81412	0034U	0181U	0329U
81208	81278	81418	0037U	0182U	0334U
81209	81279	81420	0040U	0183U	0339U
81210	81283	81422	0045U	0184U	0340U
81215	81284	81445	0046U	0185U	0341U
81217	81287	81449	0047U	0186U	0343U
81219	81290	81450	0048U	0187U	0345U
81220	81305	81451	0049U	0188U	0347U
81222	81306	81455	0050U	0189U	0348U
81223	81308	81456	0070U	0190U	0349U
81224	81309	81479*	0071U	0191U	0350U
81225	81310	81504	0072U	0192U	0356U
81226	81311	81507	0073U	0193U	0363U
81227	81313	81518	0074U	0194U	
81230	81314	81519	0075U	0195U	
81231	81315	81520	0076U	0196U	
81232	81316	81521	0078U	0197U	

* Special instructions for 81479: Only Include service types below for Wave 1

- Prenatal cell-free DNA Screening (PCFS) (formerly Noninvasive Prenatal Screening (NIPS))
- Prenatal Carrier Screening (genetic disease carrier status for procreative management)
- Pharmacogenomics testing (PGx) including single gene and multi-gene panels