UnitedHealthcare®

**UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy**
**CMS 1500**
**UB04**
**Policy Number 2026R8017A**

# Diagnostic Testing for Inflammatory Bowel Disease 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® Commercial and Individual Exchange Reimbursement Policy® Commercial and Individual Exchange Reimbursement Policy may use 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® Commercial and Individual Exchange Reimbursement Policy® Commercial and Individual Exchange Reimbursement Policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy 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® Commercial and Individual Exchange Reimbursement Policy enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, 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® Commercial and Individual Exchange Reimbursement Policy due to programming or other constraints; however, UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy strives to minimize these variations.*

*UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy 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 services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500), UB04 claim form or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, outpatient facility claims, Ambulatory Surgical Centers (ASC), Outpatient Surgical Centers (OSC), including, but not limited to, non-network authorized and percent of charge contract physicians, other qualified health care professionals or facilities.

**United Healthcare Commercial**
This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.

**UnitedHealthcare Individual Exchange**
This Reimbursement Policy applies to all Individual Exchange benefit plans.

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## Policy

### Overview

This policy describes the reimbursement methodology for diagnostic testing associated with inflammatory bowel disease 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.

### Serologic Testing

UnitedHealthcare will not consider reimbursement of the following serologic marker procedure codes for individuals with crohn's disease, ulcerative colitis, or irritable bowel syndrome.

**Procedure Code(s)**

| | | | | | |
|---|---|---|---|---|---|
| 83516 | 83520 | 86021 | 86036 | 86037 | 86255 |
| 86671 | 0176U | | | | |

### Diagnostic Testing

UnitedHealthcare will not consider reimbursement of diagnostic algorithm-based testing (e.g. ibs-smart™, PredictSURE IBD™ Test, Prometheus® testing) for the determination or monitoring of individuals with irritable bowel syndrome.

**Procedure Code(s)**

| | | | | | |
|---|---|---|---|---|---|
| 82397 | 83520 | 88346 | 88350 | 0164U | 0203U |
| 0598U | | | | | |

## Resources

American Medical Association, *Current Procedural Terminology (*CPT®) and associated publications and services

Centers for Medicare and Medicaid Services (CMS) Recovery Audit Contractors (RAC)

## History

| | |
|---|---|
| **8/26/2026** | Policy version change |
| **9/22/2025** | Policy Version Change<br>Policy Code update in Reimbursement Guidelines section |
| **9/1/2025** | Policy published |
| **12/1/2025** | Policy implemented by UnitedHealthcare Employer & Individual and Individual Family Plan (IFP) Exchange |
| **8/26/2025** | Policy approved by the Reimbursement Policy Oversight Committee |

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