Epithelial Cell Cytology 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 Community Plan reimbursement policies uses 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 Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.

Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, 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 Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan 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 UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the UB-04 Form, the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or their electronic equivalents or their successor forms. This policy applies to all products, all network and non-network providers, including, but not limited to, non-network authorized and percent of charge contract hospitals, ambulatory surgical centers, physicians, and other qualified health care professionals.

Policy

Overview

This policy describes the reimbursement methodology for epithelial cell cytology associated with breast cancer assessment and management.

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.

UnitedHealthcare will not consider reimbursement of the following epithelial cell cytology analysis procedure codes for the assessment and management of breast cancer risk.
NOTE: Procedure codes in this policy are non-specific laboratory testing codes which are reimbursable for other indications, situations or conditions.

Procedure Code(s)

88108	88112	88172	88173	88177

State Exceptions	
Arizona	Arizona is exempt from this policy.
Idaho	Idaho is exempt from this policy.
Kansas	Per state requirements, 88172, 88173, and 88177 are reimbursable for breast cancer assessment.
Kentucky	Kentucky is exempt from this policy.
Maryland	Maryland is exempt from this policy.
Massachusetts	Massachusetts is exempt from this policy.
Missouri	Missouri is exempt from this policy.
Nebraska	Nebraska is exempt from this policy.
New Jersey	New Jersey is exempt from this policy.
Ohio	Ohio is exempt from this policy.
Pennsylvania	Per PA DHS fee schedule we cannot deny procedure codes 88112 and 88108
Texas	Texas is exempt from this policy.
Virginia	Virginia is exempt from this policy.
Washington	Washington is exempt from this policy.
Washington DC	Washington DC is exempt from this policy.

Resources
Individual state Medicaid regulations, manuals & fee schedules
American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

History	
9/6/2026	Policy Version Change State Exceptions section: Rhode Island removed
8/9/2026	Policy Version Change State Exceptions section: Indiana and Tennessee removed
7/19/2026	Policy Version Change State Exceptions section: Kansas updated and Colorado, Florida, New York and North Carolina removed
5/1/2026	Policy Version Change State Exceptions section: Pennsylvania Added Policy implemented by UnitedHealthcare Community & State
2/2/2026	Policy Published
8/26/2025	Policy approved by the Reimbursement Policy Oversight Committee

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