



To: All Regional Medical Laboratory, Inc. (RML) Clients

From: Regional Medical Laboratory, Inc.  
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Date: April 22, 2020

Subject: United Healthcare’s Medical Policy Change for Genitourinary Pathogen Nucleic Acid Detection Testing

Effective June 1, 2020 United Healthcare will require prior authorization for Genitourinary Pathogen Nucleic Acid Detection testing. If prior authorization is not obtained, and services are denied, the ordering provider may be billed for the service.

The CPT codes and required clinical information needed for authorization are listed below.

CPT Codes	Required Clinical Information
0068U, 87480, 87481, 87482, 87510, 87511, 87512, 87660, 87661, 87797, 87798, 87799, 87800, 87801	Medical notes documenting all of the following: <ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• History of illness, including date of onset, and physical exam findings</li> <li>• Specific tests being ordered (e.g., test requisition form)</li> </ul>

Current testing that includes the above CPT code are

Test Name	RML Test Number
Candida Vaginitis – Swab – TMA	6987000
My Swab Vaginosis Profile + STD – Swab -TMA	6987005
My Swab Vaginosis Profile + Trichomonas – Swab - TMA	6987004
My Swab Vaginosis Profile Swab – TMA	6987003
Bacterial Vaginosis/Vaginitis Panel	4604810
Bacterial Vaginosis – Swab – TMA	6987001
Trichomonas Pap – TMA	6910119
Trichomonas Swab – TMA	6910121
Trichomonas Urine – TMA	6910123

For complete policy information, please review United Healthcare’s **Genitourinary Pathogen Nucleic Acid Detection Panel Testing** medical policy. The policy number is 2020T0608A. Should you have any questions or need additional information, please contact your UnitedHealthcare Provider Representative.