



POLICY INFORMATION

Policy Number:	POL-PP-280- AHS – F2019 – Flow Cytometry	Original Effective Date:	07/01/2025
Version Number:	001	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED

<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> OTHER
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LINES OF BUSINESS IMPACTED

<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL
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¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.



Description/Application

Flow cytometry is a technique for live cell analysis that measures optical light scattering features to determine physical characteristics (Adan et al., 2017). This instrument is beneficial for calculating the number of cells in a biologic sample, as well as for measuring cellular properties, such as size, shape, viability, and granularity (Verbsky & Routes, 2023). Flow cytometry may also be used for diagnostic and prognostic purposes when monitoring certain diseases, and for identifying the presence of specific biomarkers.

Flow cytometry-derived DNA content can be used for cell cycle analysis to estimate the percentages of a cell population in the various phases of the cell cycle; it can also be used with other reagents to analyze only the S phase. An S-phase fraction (SPF) is an assessment of how many cells are actively synthesizing DNA (UIHC, 2016). It is used as a measure of cell proliferation, particularly for cancer (Pinto et al., 1999). A high SPF value is indicative of rapid cancer growth (ACS, 2021)

Policy

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request

Reimbursement for flow cytometry immunophenotyping of cell surface markers **may be allowed** for any of the following conditions:

- For individuals with cytopenia's, lymphomas, leukemia, myeloproliferative and lymphoproliferative disorders, or myelodysplastic syndrome.
- For B-cell monitoring for immunosuppressive disorders.
- For T-cell monitoring for HIV infection and AIDS
- For individuals with mast cell neoplasms
- For individuals with paroxysmal nocturnal hemoglobinuria
- For preoperative or post-operative monitoring of individuals who will undergo or who have undergone organ transplantation.
- For individuals with plasma cell disorders
- For individuals with primary immunodeficiencies (PIDs), and PIDs involving T, NK
- For individuals with primary Platelet Disorders, Non-neoplastic
- For individuals with red cell and white cell disorders, non-neoplastic

Reimbursement for flow cytometry immunophenotyping of cell surface markers **may be reimbursed** for

- Any clinical condition not listed above
- Measurement of flow cytometry-derived DNA content (DNA Index) or cell proliferative activity (S-phase fraction or % S-phase) for prognostic or therapeutic purposes in the routine clinical management of cancers

The following **reimbursement limitations may apply** for flow cytometry:

- For flow cytometric immunophenotyping for the assessment of potential hematolymphoid neoplasia, use codes 88184-88189.
- Code 88184 should be used for the first marker, per specimen, and is reimbursable up to a maximum of two units per date of service.
- Code 88185 should be used for each additional marker and is reimbursable up to a maximum of 35 units, per date of service.



- In patients with a neoplasm with an established immunophenotype, subsequent tests for that neoplasm should be limited to diagnostically relevant markers.
- Codes 88187, 88188, and 88189 should not be used together for a single specimen in any combination.
- Codes 88187, 88188, and 88189 are reimbursed at one unit per specimen, up to two specimens, per date of service.
- Codes 88187-88189 should not be used in conjunction with codes 86355, 86356, 86357, 86359, 86360, 86361, 86367.
- Use codes 86355, 86357, 86359, 86360, 86361, or 86367 for cell enumeration. These codes are reimbursable as single units only.

Coding

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines please see the Blue KC Medical Policy AHS – F2019 – Flow Cytometry.

CPT	Code Description
86355	B cells, total count
86356	Mononuclear cell antigen, quantitative (e.g., flow cytometry), not otherwise specified, each antigen
86357	Natural killer (NK) cells, total count
86359	T cells; total count
86360	T cells; absolute CD4 and CD8 count, including ratio
86361	T cells; absolute CD4 count
86367	Stem cells (i.e., CD34), total count
88182	Flow cytometry, cell cycle or DNA analysis
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)
88187	Flow cytometry, interpretation; 2 to 8 markers
88188	Flow cytometry, interpretation; 9 to 15 markers
88189	Flow cytometry, interpretation; 16 or more markers

Blue KC may request medical records for determination of coverage. When medical records are requested, letter support and/or explanation are often useful, but are not sufficient documentation unless all specific information need to make a coverage determination is included.

Bill Type Codes

Code	Type
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
014x	Hospital - Laboratory Services Provided to Non-patients



- 018x Hospital - Swing Beds
- 021x Skilled Nursing - Inpatient (Including Medicare Part A)
- 022x Skilled Nursing - Inpatient (Medicare Part B only)
- 023x Skilled Nursing - Outpatient
- 071x Clinic - Rural Health
- 077x Clinic - Federally Qualified Health Center (FQHC)
- 085x Critical Access Hospital

Revenue Codes

- 0310 Laboratory Pathology-General Classification
- 0311 Laboratory Pathology-Cytology
- 0319 Laboratory Pathology-Other Laboratory Pathology

References and Resources

Avalon Medical Policy AHS – F2019 – Flow Cytometry

Related Documents

Policy Number	Policy Title
AHS-M2175	Minimal Residual Disease
AHS-M2182	Genomic Testing for Hematopoietic Neoplasms

Revision History

Version	Date	Summary of Revisions
001	06/01/2025	Initial version