Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Laboratory: Flow Cytometry

Effective date: Nov. 1, 2025

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Flow cytometry is a technique for live cell analysis that measures optical light scattering features to determine physical characteristics. 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. 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. It is used as a measure of cell proliferation, particularly for cancer. A high SPF value is indicative of rapid cancer growth.

Indications and/or Limitations of Coverage

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

1. Flow cytometry immunophenotyping of cell surface markers **MEETS COVERAGE CRITERIA** for any of the following conditions:
   a. For individuals with cytopenias, lymphomas, leukemia, myeloproliferative and lymphoproliferative disorders, or myelodysplastic syndrome.
   b. For B-cell monitoring for immunosuppressive disorders.
   c. For T-cell monitoring for HIV infection and AIDS.
   d. For individuals with mast cell neoplasms.
   e. For individuals with paroxysmal nocturnal hemoglobinuria.
   f. For preoperative or post-operative monitoring of individuals who will undergo or who have undergone organ transplantation.
   g. For individuals with plasma cell disorders.
   h. For individuals with primary immunodeficiencies (PIDs).
   i. For individuals with primary platelet disorders (non-neoplastic).
   j. For individuals with red cell and white cell disorders (non-neoplastic).
2. The following reimbursement limitations will apply for flow cytometry:
   a. For flow cytometric immunophenotyping for the assessment of potential hematolymphoid neoplasia, use codes 88184-88189.
   b. 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.

c. Code 88185 should be used for each additional marker and is reimbursable up to a maximum of 35 units, per date of service.
d. In patients with a neoplasm with an established immunophenotype, subsequent tests for that neoplasm should be limited to diagnostically relevant markers.
e. Codes 88187, 88188, and 88189 should not be used together for a single specimen in any combination.
f. Codes 88187, 88188, and 88189 are reimbursed at one unit per specimen, with a maximum of two specimens allowed, per date of service.
g. Codes 88184-88189 should not be used in conjunction with codes 86355, 86356, 86357, 86359, 86360, 86361, 86367.
h. Use codes 86355, 86357, 86359, 86360, 86361, or 86367 for cell enumeration. These codes are reimbursable as single units only.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

3. 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 **DOES NOT MEET COVERAGE CRITERIA**.

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

Coding

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

Evidence-based Scientific References

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Publication History

08/01/2026: Annual policy review; administrative edits
09/01/2025: Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.