PROVIDER QUICK POINTS
PROVIDER INFORMATION

June 10, 2020

Claim Submission Requirements for Lab Services

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) would like to remind providers of our current Blue Cross policy and the HIPAA claim submission requirements for submitting lab service claims either by an independent lab or by a clinic for purchased lab services. A review of the lab claims for COVID-19 viral and antibody testing has provided insight into the missing claim data.

This communication applies to all lines of business; however, remember that Minnesota Health Care Programs (MHCP) does not reimburse purchased lab services submitted with modifier -90. It is important to remember that only one provider may bill for the lab service. Laboratory tests codes submitted on a professional claim without the use of modifier -90 implies the test was performed by the billing provider's laboratory.

Information regarding the entity performing the lab must be included on claims for lab services, including the name and NPI. Additionally, the CLIA certification number must be submitted for lab services that do not have a CLIA waiver. The ordering provider is also a requirement for all lab services. **Not providing the required information may result in a claim denial.**

Blue Cross has provided specific loop and segment information below for the following scenarios, along with information on where to submit a CLIA certification number:

- A clinic submits the claim for the lab service as a purchased service (modifier -90)
- An independent lab submits the claim for the lab service
- A hospital lab submits the claim for the lab service

Always follow HIPAA Transaction guidance to ensure compliance.

Professional Claims (837P) – Physician/Clinic Billing

Claims for purchased services should be submitted as follows:

- Loop 2010AA - Billing Provider information.
- Loop 2300, CLM05-1 (place of service) - place of service code where the service was done by the performing provider.
- Loop 2400, SV101-2/SV101-3 – SV101-6 (procedure/modifier) - enter the procedure code for the lab test and the modifier 90.
- Loop 2310B (Claim Level) or 2420A (Line Level), Rendering Provider Information.
- Loop 2420B (Line Level only) – Purchased Service Provider Information.
- 2310A (Claim Level)/ 2420F (Line Level only) – Referring Provider Information – Enter Physician/Practitioner information that ordered the laboratory services.
- Loop 2310C (Claim Level) or 2420C (Line Level) – Service Facility Location - enter complete information for the provider submitted in the Purchased Service Provider Loop. The outside Laboratory name and NPI should be submitted.
- Clinical Laboratory Improvement Act (CLIA) Number – See Specific rules below.

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Professional Claims (837P) – Independent/Reference Laboratory Billing

Independent/Reference laboratory claims are claims submitted by the CLIA certified laboratory and should be submitted as follows:

- Loop 2300, REF02 when REF01 is X4 – CLIA number
- Loop 2300, CLM05-1 (place of service) - Place of Service Code 81
- Loop 2310A, Referring provider Information.
- Loop 2400, SV101-2/SV101-3 – SV101-6 (procedure/modifier) - enter the procedure code for the lab test.
- Loop 2400, SV101-3 (or SV101-4 or SV101-5 or SV101-6), Procedure Modifier
    - Procedure Modifier 90 is only required when the lab test is referred on to another reference lab. In this case modifier 90 is added to the service lines for the referral tests.
        - Loop 2420B (Line Level only) – Purchased Service Provider Information.
        - Loop 2310C (Claim Level) or 2420C (Line Level) – Service Facility Location - enter complete information for the provider submitted in the Purchased Service Provider Loop. The outside Laboratory name and NPI should be submitted.
        - Clinical Laboratory Improvement Act (CLIA) Number – See Specific rules below.

Clinical Laboratory Improvement Act (CLIA) Number - Professional Claims (837P)

CLIA information is required for all CLIA certified laboratory services. The HIPAA 837P Implementation Guide states, the CLIA number is "Required for all CLIA certified facilities performing CLIA covered laboratory services". The CLIA certified facility's CLIA Number should be populated in the following loops according to the HIPAA 837P Implementation Guide:

- When the claim contains both in-house and outsourced lab services, the CLIA Number for the lab service(s) performed by the billing/rendering provider should be reported in the 2300 Loop REF02 when REF01 is X4. The CLIA Number for the laboratory service sent to a reference lab is reported in the 2400 Loop, REF02 when REF01 is F4. [Reference 837P HIPAA Implementation Guide, TR3 Notes]
- Lab test(s) referred to another lab covered by the CLIA Act – report in the 2400 Loop, REF02 when REF01 is F4 (HIPAA IG) 837P.

Please note that failure to provide CLIA information may result in your claim being denied.

Institutional Non-Patient Claims (837I) – Type of Bill 14X

The Hospital obtains the lab tests under arrangement, acting as a reference lab. The patient is not physically present at the hospital in either an inpatient or outpatient setting.

Laboratory tests codes submitted on an Institutional Outpatient claim with a TOB other than 14X implies the test was performed by the Billing provider's laboratory.

- Loop 2300, CLM05-1, CLM05-2 through CLM05-3, TOB 14X (Non-Patient, specimen only)
- Loop 2310A, Attending Provider Information. [Required - Reference 837I HIPAA Implementation Guide, Situational Rule].
- 2310F, Referring provider Information – Referring provider Information only when different than the Attending Provider.
- Loop 2400, SV202-2, when SV202-1 = HC - Laboratory procedure code

Questions?

If you have questions for a member enrolled in a Minnesota Health Care Programs (MHCP) plan, please contact provider services at **1-866-518-8448**. Please contact provider services at **(651) 662-5200** or **1-800-262-0820** for all other questions.