

## COMMERCIAL REIMBURSEMENT POLICY

### Laboratory Services-General Guides

Active

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**Policy Number:** Laboratory/Pathology – 005  
**Policy Title:** Laboratory Services-General Guides  
**Section:** Lab-Path Services  
**Effective Date:** 01/01/24

#### Description

This policy addresses Blue Cross and Blue Shield of Minnesota's (Blue Cross) general guides for laboratory (and related) services.

#### Definitions

**Qualified practitioner:** A practitioner recognized as an eligible provider by Blue Cross and practices within the scope of their licensure.

#### Policy Statement

Blue Cross does not allow providers to bill the health plan for laboratory services that are not ordered by a physician or other qualified practitioner because, in addition to receiving lab results, the patient also needs interpretation of the tests, recommendations for future care, and a course of action that only a physician or other qualified practitioner can deliver.

#### Office Visits

An evaluation and management (E/M) service may be submitted in addition to laboratory tests only when additional separately identifiable services are provided.

#### Organ or Disease-Oriented Panels

Refer to *Commercial Lab/Path – 001 Laboratory Rebundling Reimbursement Policy*

#### Standing Orders

Generally, laboratory tests performed because of standing orders on file for certain patients are not reimbursable. One example of this is a standing order for routine screening tests when the patient has no clinical symptoms or is not taking medications.

#### Reference (Outside)Laboratory

The entity that performs a test should be the one to bill for that test. However, a provider may, under arrangement with another provider, bill a service that is purchased from that other provider. Modifier -90 (reference outside laboratory) must be submitted when the service is performed by a party other than the treating or reporting physician. For example, a clinic may bill for a Pap smear (88150-90) that is sent to an independent lab for analysis. Only one provider will be reimbursed for the service.

Claims for lab services performed by the billing entity or purchased lab services submitted on the 837P format should use the following guidelines. Not providing information about the outside

laboratory that performed the service or the referring provider may result in your claim not being accepted for processing.

Loop	Segment/Element	Name	Rule
2400	SV101-2	Procedure Code	Required on all claims
2400	SV101-3, SV101-4, SV101-5, Or SV101-6	Procedure Modifier	Modifier 90 is required on the line for purchased lab tests to identify the purchased lab service.
2310A (Claim Level)/ 2420F (Line Level)	NM1 Segment* including the referring provider name and NPI	Referring Provider Name	Referring Provider identifies who ordered the lab. The Referring Provider information is required on ALL claims with lab services.
2420B	NM1 Segment* providing the NPI	Purchased Service Provider	Required at the line level when the service reported is a purchased service.
2310C (Claim Level)/ 2420C (Line Level)	NM1 Segment* including Facility Name and NPI	Service Facility Location Name	Required on all claims where the Health Care service location is different than that in the Billing Provider Loop.  For purchased services, the Service Facility location is very important and identifies the location of the entity external from the Billing provider, e.g., the location of the entity performing the purchased lab.
2300 (Claim Level)/ 2400 (Line Level)	REF02 when REF01 is X4	Clinical Laboratory Improvement	Required for ALL CLIA certified facilities performing CLIA covered Lab services.  Please note that failure to provide CLIA information may result in your claim being denied.

\* According to the HIPAA Professional Implementation Guide, 005010X222A1

### Stat Lab Charges

Charges for stat laboratory requests (S3600 and S3601) are not allowed. If submitted, they will deny as provider liability.

### Repeat Lab Services

Repeat services require modifier -91 unless the narrative supports submission of multiple units.

### Lab Billed through the BlueCard® Program

Providers who perform lab services should file the claim to the Blue plan where the referring physician is located. The claim will be reimbursed based on provider's participation status with that Blue plan.



### **Venipuncture**

Code 36415 is submitted when the provider performs a venipuncture service to collect a blood specimen(s). This code should be billed only once regardless of the number of tests performed from that specimen.

The test(s) performed on the specimen must be reported on the claim. If sending the test to an outside lab the -90 modifier must be appended to the test code (if you are billing for the test) or narrative indicating the test code and/or name. If this information is not present on the claim, the test code will be denied if billed in addition to the venipuncture code.

### **Papanicolaou Smear**

The specimen collection code for a Pap smear (Q0091) is not reimbursed separately. Specimen collection is included in the E/M and Pap smear codes. The collection code will be denied as incidental regardless of what, if any, other service is billed with the code.

### **Documentation Submission**

Documentation must describe and identify medical need for the lab test ordered and/or performed for the subscriber. The lab order must be signed and dated by the provider requesting the lab test.

### **Coverage**

Eligible services will be subject to the subscriber benefits, applicable fee schedule amount and any coding edits.

### **The following applies to all claim submissions.**

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

### **Coding**

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

<b>CPT/HCPCS Modifier:</b>	90	91
<b>ICD-10 Diagnosis:</b>	N/A	
<b>ICD-10 Procedure:</b>	N/A	
<b>CPT/HCPCS:</b>	Refer to <a href="#">Appendix</a>	



Revenue Codes: N/A

Policy History	
06/09/2016	Initial Committee Approval Date
01/01/2018	Coding Update
02/06/2018	Annual Policy Review
12/19/2018	Policy Review
01/26/2021	Annual Policy Review and Coding Update
11/29/2021	Policy update – added Lab/Path Services -006 Venipuncture and Lab/Path Services -007 Papanicolaou Smear sections, added Appendix
01/25/2022	Coded update: Q1 updates – Added: 80220,80503,80504,80505,80506,81349,81523,81560,82653,83521,83529, 86015,86036,86037,86051,86052,86053,86231,86258,86362,86363,86364, 86381,86596, 87154 Removed: 80500, 80502
07/26/2022	90 modifier (pass through billing) update effective 10/1/2022
09/28/2022	Removed 90 modifier (pass through billing) update effective 10/1/2022 language
10/24/2023	Annual Policy Review
01/01/2024	Code update

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## Appendix

80047	80048	80050	80051	80053	80055	80061	80069	80074	80076
80081	80143	80145	80150	80151	80155	80156	80157	80158	80159
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80230	80235	80280	80285	80299	80305	80306	80307	80320	80321
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Q0091	S3600	S3601							
36415									