Laboratory Services Policy (CES)

Policy Number: ADMINISTRATIVE 288.2 T0
Effective Date: August 1, 2021

Instructions for Use

Table of Contents Page

Applicable Lines of Business/Products 1
Application 1
Overview 1
Reimbursement Guidelines 2
Definitions 10
Applicable Codes 11
Questions and Answers 15
References 16
Policy History/Revision Information 16
Instructions for Use 17

Related Policies

- CCI Editing Policy (CES)
- Clinical Laboratory Improvement Amendments (CLIA) ID Requirement Reimbursement
- Maximum Frequency Per Day (CES)
- Professional/Technical Component (CES)
- Rebundling Policy

Applicable Lines of Business/Products

This policy applies to Oxford Commercial plan membership.

Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians, and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals. This policy also applies to laboratories, including, but not limited to, independent, reference and referring laboratories.

Overview

This policy describes the reimbursement methodology for laboratory panels and individual Component Codes, as well as reimbursement for venipuncture services, laboratory services performed in a facility setting, laboratory handling, surgical pathology, clinical pathology consultations and drug assay codes. The policy also addresses place of service and date of service relating to laboratory services.

Duplicate laboratory code submissions by the same or multiple physicians or other qualified health care professionals, as well as certain laboratory services provided in a facility place of service, are also addressed in this policy.

Note this policy does not address reimbursement for all laboratory codes. Coding relationships for laboratory topics not included within this policy are administered through Oxford's Reimbursement Policies titled Rebundling Policy and CCI Editing Policy (CES). All services described in this policy may be subject to additional Oxford Reimbursement Policies titled Clinical Laboratory Improvement Amendments (CLIA) ID Requirement Reimbursement and Professional/Technical Component (CES).

©1996-2021, Oxford Health Plans, LLC

Place of Service

Oxford uses the codes indicated in the Centers for Medicare and Medicaid Services (CMS) Place of Service (POS) Codes for Professional Claims Database to determine if laboratory services are reimbursable. For the purposes of this policy, a facility POS is considered POS 19, 21, 22, 23, 26, 34, 51, 52, 55, 56, 57 and 61. All other POS (e.g., 11, 81, etc.) are considered non-facility.

CMS Place of Service Database

The POS designation identifies the location where the laboratory service was collected. For example, if the Specimen is obtained:

- In an Independent Laboratory or a Reference Laboratory, POS 81 is reported.
- In an office/clinic or other non-facility setting, the appropriate non-facility POS is reported.
- In a facility setting, the appropriate facility POS is reported (e.g., patient is inpatient [POS 21] or outpatient [POS 22]).
- In a laboratory setting maintained by another physician or other qualified health care professional in their office/clinic, the POS code 99 for "Other Place of Service" is reported.

All entities billing for laboratory services should append identifying modifiers (e.g., 90), when appropriate, in accordance with correct coding.

For additional information, refer to the Questions and Answers section, Q&A #1.

Date of Service

The date of service (DOS) on a claim for a laboratory test is the date the Specimen was collected and if collected over 2 calendar days, the DOS is the date the collection ended.

Provider Specialties Eligible for Reimbursement of Laboratory Services

Reference Laboratory and Non-Reference Laboratory Providers:

- Aligning with CMS, Reference Laboratories reporting laboratory services appended with modifier 90 are eligible for reimbursement.
- Non-reference laboratory physicians or other qualified health care professionals reporting laboratory services appended with modifier 90 are not eligible for reimbursement.
- Physicians or other qualified health care professionals who own laboratory equipment (Physician Office Laboratory) and perform laboratory testing report the laboratory service without appending modifier 90. These laboratory services are eligible for reimbursement.
- A valid Federal Clinical Laboratory Improvement Amendments (CLIA) Certificate Identification number is required for reimbursement of clinical laboratory services reported on a CMS 1500 Health Insurance Claim Form or its electronic equivalent.

Within the UnitedHealthcare Provider Administrative Guide it states, "You may only bill for services that you or your staff perform. Pass-through billing is not permitted and may not be billed to our members. We only reimburse for laboratory services that you are certified to perform through the federal CLIA. You must not bill our members for any laboratory services if you don't have the applicable CLIA certification." For more complete information, refer to the UnitedHealthcare Provider Administration Guide.

For additional information, refer to the Questions and Answers section, Q&A #2.

For more complete information regarding CLIA requirements refer to the Oxford Reimbursement Policy titled Clinical Laboratory Improvement Amendments (CLIA) ID Requirement Reimbursement.

©1996-2021, Oxford Health Plans, LLC

Duplicate Laboratory Charges

Same Group Physician or Other Qualified Health Care Professional

Only one laboratory service is reimbursable when Duplicate Laboratory Services are submitted from the Same Group Physician or Other Qualified Health Care Professional.

Separate consideration will be given to repeat procedures (i.e., two laboratory procedures performed the same day) by the Same Group Physician or Other Qualified Health Care Professional when reported with modifier 91. Modifier 91 is appropriate when the repeat laboratory service is performed by a different individual in the same group with the same Federal Tax Identification number.

According to CMS and CPT guidelines, Modifier 91 is appropriate when, during the course of treatment, it is necessary to repeat the same laboratory test for the same patient on the same day to obtain subsequent test results, such as when repeated blood tests are required at different intervals during the same day.

CPT instructions state that modifier 59 should not be used when a more descriptive modifier is available. CMS guidelines cite that the –X {EPSU} modifiers are more selective versions of modifier 59 so it would be incorrect to include both modifiers on the same line. Please refer to the "Modifiers" section for a complete listing of modifiers and their descriptions.

According to CMS and CPT coding guidelines, modifier 59, XE, XP, XS, or XU may be used when the same laboratory services are performed for the same patient on the same day. Oxford will reimburse laboratory services reported with modifier 59, XE, XP, XS, or XU for different species or strains, as well as Specimens from distinctly separate anatomic sites.

For additional information, refer to the Questions and Answers section, Q&A #3, and #5.

According to the AMA and CMS, it is inappropriate to use modifier 76 or 77 to indicate repeat laboratory services. Modifiers 59, XE, XP, XS, XU, or 91 should be used to indicate repeat or distinct laboratory services when reported by the Same Group Physician or Other Qualified Health Care Professional. Separate consideration for reimbursement will not be given to laboratory codes reported with modifier 76 or 77.

Multiple Physicians or Other Qualified Health Care Professionals

Only one laboratory provider will be reimbursed when multiple individuals report Duplicate Laboratory Services. Multiple individuals may include, but are not limited to, any physician or other qualified health care professional, Independent Laboratory, Reference Laboratory, Referring Laboratory or pathologist reporting duplicate services.

For additional information, refer to the Questions and Answers section, Q&A #4.

Reference Laboratory and Non-Reference Laboratory Providers

If a Reference Laboratory and a Non-Reference Laboratory Provider submit Duplicate Laboratory Services only the Reference Laboratory service is reimbursable.

Independent Laboratory, Reference Laboratory and Referring Laboratory

Laboratory services billed with modifier 90 by a Referring Laboratory are reimbursable if a duplicate claim has not been received from an Independent Laboratory or Reference Laboratory. Duplicate services are not reimbursable, unless one laboratory appends modifier 91 to the code(s) submitted.

Pathologist and Physician Office Laboratory Providers

If a pathologist and Physician Office Laboratory provider submit Duplicate Laboratory Services, only the pathologist's service is reimbursable, unless the Physician Office Laboratory provider appends a modifier 91 to the codes submitted.

For additional information, refer to the Questions and Answers section, Q&A #6.

©1996-2021, Oxford Health Plans, LLC

Anatomic Pathology Services and Purchased Diagnostic Services:

If both the purchaser and supplier who performed the service bill Duplicate Laboratory Services, only one service is reimbursable, unless modifier 59, XE, XP, XS, XU or 91 is appended. Purchased Diagnostic Tests do not apply to automated or manual laboratory tests. Oxford uses the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) Professional Component/Technical Component (PC/TC) indicators 1, 6, and 8 to identify laboratory services that are eligible as Purchased Diagnostic Tests.

- PC/TC Indicator 1: Physician Service Codes (modifier TC and 26 codes)
- PC/TC Indicator 6: Laboratory Physician Interpretation Codes
- PC/TC Indicator 8: Physician Interpretation Codes

These services are reimbursable as Purchased Diagnostic Tests when billed with a modifier 90.

Purchased Laboratory Eligible Codes										
83020	84165	84166	84181	84182	85060	85390	85576	86153	86255	86256
86320	86325	86327	86334	86335	87164	87207	88104	88106	88108	88112
88120	88121	88125	88160	88161	88162	88172	88173	88177	88182	88199
88300	88302	88304	88305	88307	88309	88311	88312	88313	88314	88319
88323	88331	88332	88333	88334	88341	88342	88344	88346	88348	88350
88355	88356	88358	88360	88361	88362	88364	88365	88366	88367	88368
88369	88371	88372	88373	88374	88377	88380	88381	88387	88388	88399
89060	G0416	G0452								

CPT® is a registered trademark of the American Medical Association

For more complete information regarding when a professional or technical component is billed, refer to the Oxford Reimbursement Policy titled Professional/Technical Component (CES). Refer to the Oxford Reimbursement Policy titled Maximum Frequency Per Day (CES) for additional information on assigned MFD values.

Documentation Requirements for Reporting Laboratory Services

According to CMS, the physician or other qualified health care professional who is treating the patient must order all diagnostic laboratory tests, using these results in the management of the patient's condition. Tests not ordered by the physician or other qualified health care professional are not reasonable and necessary.

The physician's or other qualified health care professional's documentation should clearly indicate all tests to be performed. For example, "run labs" or "check blood" by itself does not support intent to order.

The documentation must include the following:

- A signed order or requisition listing the specific test(s), or
- An unsigned order or requisition listing the specific test(s), and an authenticated medical record (e.g., progress notes or office notes) supporting the physician's intent to order the tests (for example, "order labs", "check blood", "repeat urine," or
- An authenticated medical record (e.g. office notes or progress notes) supporting the physician intent to order specific test(s), or
- Electronic requisitions are acceptable when the laboratory can demonstrate the order(s) was received through a standardized electronic process.

The medical record should include the documentation described above, as well as a copy of the test results.

For additional information, refer to the Questions and Answers section, Q&A #7.

Laboratory Services Performed in a Facility Setting

The established policy for reimbursement of laboratory services performed in a facility setting is consistent with Oxford's policy not to pay for duplicative laboratory services.

©1996-2021, Oxford Health Plans, LLC

Manual and automated laboratory services submitted with a CMS facility POS 19, 21, 22, 23, 26, 34, 51, 52, 55, 56, 57 or 61 will not be reimbursable. These services are reimbursable to the facility. When facilities obtain manual or automated laboratory tests for patients under arrangements with an Independent Laboratory, Reference Laboratory or pathology group, only the facility may be reimbursed for the services.

Note: Oxford will make an exception to this policy for reproductive laboratory medicine procedures 89250-89398 when the facility laboratory is not equipped to perform these specialized services and refers them to a reproductive laboratory. In the event that both a facility and an Independent Laboratory or Reference Laboratory report the same service on the same day for the same member, only the facility reproductive laboratory services may be reimbursed.

Oxford uses the CMS National Physician Fee Schedule (NPFS) Professional Component/Technical Component (PC/TC) indicators 3 and 9 to identify laboratory services that are not reimbursable to an Independent Laboratory, Reference Laboratory or Non-Reference Laboratory provider in a facility setting.

- PC/TC indicator 3: Technical Component Only Codes
- PC/TC indicator 9: PC/TC Concept Not Applicable

Laboratory Codes with a PC/TC Indicator 3 or 9

For more complete information on when a professional or technical component is billed refer to the Reimbursement Policy titled *Professional/Technical Component*.

Modifiers

Modifiers										
59	90	91	92	XE	XP	XS	XU			

Laboratory Panels

Individual laboratory codes, which together make up an organ or disease-oriented laboratory Panel Code, will be combined into and reimbursed as the more comprehensive laboratory Panel Code as described under the specific laboratory panel headings below.

Organ or Disease-Oriented Laboratory Panel Codes

Individual laboratory codes, which together make up an organ or disease-oriented laboratory Panel Code, will be combined into and reimbursed as the more comprehensive laboratory Panel Code as described under the specific laboratory panel headings below. These panels are defined in the CPT book as codes 80047, 80048, 80050, 80051, 80053, 80055, 80061, 80069, 80074, 80076, and 80081. According to the CPT book, they were developed for coding purposes only and are not to be interpreted as clinical parameters. Oxford uses CPT coding guidelines to define the components of each panel.

Oxford also considers an individual component code included in the more comprehensive Panel Code when reported on the same date of service by the Same Individual Physician or Other Qualified Health Care Professional. The Professional Edition of the CPT ® book, Organ or Disease-Oriented Panel section states: "Do not report two or more Panel Codes that include any of the same constituent tests performed from the same patient collection. If a group of tests overlaps two or more panels, report the panel that incorporates the greater number of tests to fulfill the code definition and report the remaining tests using individual test codes "

When all components comprising a lab panel as described in CPT are submitted by the Same Individual Physician or Other Qualified Health Care Professional for the same patient on the same date of service, Oxford will bundle them to the appropriate panel code. If a provider submits fewer than all the Component Codes that make up a panel, the Component Codes will be considered individually for reimbursement.

Panel 80047

There are 2 configurations for Panel CPT code 80047:

©1996-2021, Oxford Health Plans, LLC

Configuration 1 for Panel 80047										
Includes the following Component Codes										
82330	82374	82435	82565	82947	84132	84295	84520			
Configuration 2 for Panel 80047										
Includes Panel Code 80051, plus the following Component Codes										
82330	82565	82947	84520							

Panel 80048

There are 2 configurations for Panel CPT code 80048:

Configuration 1 for Panel 80048										
Includes the following Component Codes										
82310	82374	82435	82565	82947	84132	84295	84520			
Configuration 2 for Panel 80048										
Includes Panel Code 80051; plus the following Component Codes										
82310	82565	82947	84520							

Panel 80050

There are 2 configurations for Panel CPT code 80050:

Configuration 1 for Panel 80050										
Includes the following Component Codes										
82040	82247	82310	82374	82435	82565	82947	84075	84132	84155	84295
84446	84450	84460	84520							
Plus one of the following CEC or combination of CEB Component Codes										
85025	85027 + 85004	85027 + 85007	85027 + 85009							
Configuration 2 for Panel 80050										
Includes Panel Code 80053, plus Component Code 84443; plus one of the following CBC or combination of CBC Component Codes										
85025	85027 + 85004	85027 + 85007	85027 + 85009							

Panel 80051

There is one configuration for Panel CPT code 80051:

Configuration for Panel 80047										
Includes the following Component Codes										
82374	82435	84132	84295							

Panel 80053

There are 3 configurations for Panel CPT code 80053:

Configuration 1 for Panel 80053										
Includes the following Component Codes										
82040	82247	82310	82374	82435	82565	82947	84075	84132	84155	84295
84450	84460	84520								

©1996-2021, Oxford Health Plans, LLC

Configuration 1 for Panel 80053 Configuration 2 for Panel 80053										
Includes Panel Code 80048; plus the following Component Codes										
82040	82247	84075	84155	84450	84460					
Configuration 3 for Panel 80053										
Includes Panel Code 80051; plus the following Component Codes										
82040	82247	82310	82565	82947	84075	84155	84450	84460	84520	

Panel 80055

There is one configuration for Panel CPT code 80055:

Configuration for Panel 80055										
Includes the following Component Codes										
86592	86762	86850	86900	86901	87340					
Plus one of the following CEC or combination of CEB Component Codes										
85025	85027 + 85004	85027 + 85007	85027 + 85009							

Note: The CPT code 87340 is a component code of both the Panel CPT codes 80055 or 80081 and the Panel CPT code 80074. The Panel CPT codes 80055 or 80081 takes Precedence.

Panel 80061

There is one configuration for Panel CPT code 80061:

Configuration for Panel 80061										
Includes the following Component Codes										
82465	83718	84478								

Panel 80069

There are 2 configurations for Panel CPT code 80069:

Configuration 1 for Panel 80069										
Includes the following Component Codes										
82040	82310	82374	82435	82565	82947	84100	84132	84295	84520	
Configuration 2 for Panel 80069										
Includes Panel Code 80048; plus the following Component Codes										
82040	84100									

Panel 80074

There is one configuration for Panel CPT code 80074:

Configuration for Panel 80074										
Includes the following Component Codes										
86705	86709	86803	87340							

Note: CPT code 87340 is a Component Code for both the Panel 80055 or 80081 and the Panel 80074. The Panel 80055 or 80081 takes Precedence.

Panel 80076

There is one configuration for Panel CPT code 80076:

©1996-2021, Oxford Health Plans, LLC

Configuration for Panel 80076										
Includes the following Component Codes										
82040	82247	82248	84075	84155	84450	84460				

Panel 80081

There are 2 configurations for Panel CPT code 80081:

Configuration 1 for Panel 80081										
Includes the following Component Codes										
86592	86762	86850	86900	86901	87340	87389				
Plus one of the following CEC or combination of CEB Component Codes										
85025	85027 + 85004	85027 + 85007	85027 + 85009							
Configuration 2 for Panel 80081										
Includes Panel Code 80055; plus the following Component Code										
87389										

Note: The CPT code 87340 is a component code of both the Panels 80055 or 80081 and the Panel 80074. The Panel 80055 or 80081 (which includes HIV testing) takes Precedence.

Surgical Pathology

Surgical Pathology CPT codes 88300-88309 describe gross and microscopic examination and pathologic diagnosis of Specimen(s) submitted. Two or more Specimens separately identified from the same patient are each assigned an individual code reflective of its proper level of service. Under certain circumstances, the physician may need to report the same surgical pathology code for multiple Specimens for the same patient on the same date of service.

Pathology Specimens from the same anatomic site reported with the same Surgical Pathology CPT code may be reported on one line with multiple units.

Duplicate pathology Specimens reported with the same Surgical Pathology CPT code must be reported with a modifier 59, XE, XP, XS, XU, or 91 to receive separate consideration.

Venipuncture and Specimen Collection

Consistent with CMS, only one collection fee for each type of Specimen per patient encounter, regardless of the number of Specimens drawn, will be allowed. A collection fee will not be reimbursed to anyone who did not extract the Specimen.

Venous blood collection by venipuncture and capillary blood Specimen collection (CPT codes 36415 and 36416) will be reimbursed once per patient per date of service when reported by the Same Individual Physician or Other Qualified Health Care Professional. When CPT code 36416 is submitted with CPT code 36415, CPT code 36415 is the only venipuncture code considered eligible for reimbursement. No modifier overrides will exempt CPT code 36416 from bundling into CPT code 36415.

Consistent with CMS, Oxford considers collection of a Specimen from a completely implantable venous access device and from an established catheter (CPT codes 36591 and 36592) to be bundled into services assigned a CMS NPFS Status Indicator of A, R or T provided on the same date of service by the Same Individual Physician or Other Qualified Health Care Professional, for which payment is made. When CPT code 36591 is submitted with CPT code 36592, CPT code 36592 is the only venipuncture code considered eligible for reimbursement. No modifier overrides will exempt CPT code 36591 from bundling into CPT code 36592.

Laboratory Status Indicator A R T codes

Oxford considers venipuncture code S9529 a non-reimbursable service. The description for S9529 focuses on place of service for a service that is more precisely represented by CPT code 36415 and reported with the appropriate CMS place of service code.

©1996-2021, Oxford Health Plans, LLC

Consistent with CMS, Specimen collection HCPCS code G0471 is reimbursable only when a Specimen is collected from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency.

Laboratory Handling

Laboratory handling and conveyance CPT codes 99000 and 99001 and HCPCS code H0048 are included in the overall management of a patient and are not separately reimbursed.

Clinical and Surgical Pathology Consultations (80500-80502 and 88321-88325)

CPT codes 80500, 80502, and 88321-88325 are reimbursable services only to Reference Laboratories and to providers whose primary specialty is pathology or dermatology.

Oxford considers clinical and surgical pathology consultation codes as included in an Evaluation and Management (E/M) service provided for the same patient on the same date of service. If billed with an E/M service, codes 80500-80502 and/or 88321-88325 are not separately reimbursable.

Evaluation and Management Codes for the Laboratory Services Policy										
92002	92004	92012	92014	99024	99091	99202	99203	99204	99205	99211
99212	99213	99214	99215	99217	99218	99219	99220	99221	99222	99223
99224	99225	99226	99231	99232	99233	99234	99235	99236	99238	99239
99241	99242	99243	99244	99245	99251	99252	99253	99254	99255	99281
99282	99283	99284	99285	99288	99291	99292	99304	99305	99306	99307
99308	99309	99310	99315	99316	99318	99324	99325	99326	99327	99328
99334	99335	99336	99337	99339	99340	99341	99342	99343	99344	99345
99347	99348	99349	99350	99354	99355	99356	99357	99358	99359	99360
99366	99367	99368	99374	99375	99377	99378	99379	99380	99381	99382
99383	99384	99385	99386	99387	99391	99392	99393	99394	99395	99396
99397	99401	99402	99403	99404	99406	99407	99408	99409	99411	99412
99415	99416	99417	99421	99422	99423	99429	99439	99441	99442	99443
99446	99447	99448	99449	99450	99451	99452	99453	99454	99455	99456
99457	99458	99460	99461	99462	99463	99464	99465	99466	99467	99468
99469	99471	99472	99473	99474	99475	99476	99477	99478	99479	99480
99483	99484	99485	99486	99487	99489	99490	99491	99492	99493	99494
99495	99496	99497	99498	99499	G0101	G0245	G0246	G0396	G0397	G0402
G0406	G0407	G0408	G0425	G0426	G0427	G0438	G0439	G0463	G0508	G0509
G0513	G0514	G2010	G2011	G2012	G2064	G2065	G2211	G2212	G2214	G2250
G2251	G2252	G9685	S0273	S0274	S0280	S0281	S0285	S0610	S0612	S0613
S0620	S0621									

Drug Assay Codes

Consistent with CMS, Drug Assay CPT codes 80320-80377 are considered non-reimbursable. These services may be reported under an appropriate HCPCS code.

For additional information, refer to the Questions and Answers section, Q&A #8.

Surgical Pathology for Prostate Needle Biopsy

In alignment with CMS, Oxford requires surgical pathology for prostate needle biopsy Specimens (including gross and microscopic examination) to be reported with HCPCS code G0416, rather than 88305. Code G0416 represents 1 unit of

©1996-2021, Oxford Health Plans, LLC

service regardless of the number of Specimens examined. Code 88305 will not be reimbursed for prostate needle biopsy surgical pathology.

Respiratory Viral Panel Testing

Consistent with CMS Local Coverage Determinations, Oxford does not consider multiplex Polymerase Chain Reaction (PCR) respiratory viral panels of 6 or more pathogens eligible for reimbursement, and codes 0115U, 0151U, 0202U, 0223U, 0225U, 87632 and 87633 will be denied.

For additional information, refer to the Questions and Answers section, Q&A #10.

Definitions

CMS NPFS Status A: Active Code. These codes are paid separately under the physician fee schedule, if covered. There will be RVUs for codes with this status. The presence of an "A" indicator does not mean that Medicare has made a national coverage determination regarding the service; carriers remain responsible for coverage decisions in the absence of a national Medicare policy.

CMS NPFS Status R: Restricted Coverage. Special coverage instructions apply. If covered, the service is carrier priced. (Note: The majority of codes to which this indicator will be assigned are the alpha-numeric dental codes, which begin with "D". We are assigning the indicator to a limited number of CPT codes which represent services that are covered only in unusual circumstances.)

CMS NPFS Status T: Injections. There are RVUS and payment amounts for these services, but they are only paid if there are no other services payable under the physician fee schedule billed on the same date by the same provider. If any other services payable under the physician fee schedule are billed on the same date by the same provider, these services are bundled into the physician services for which payment is made. (NOTE: This is a change from the previous definition, which states that injection services are bundled into any other services billed on the same date.)

Component Codes: Identify individual tests that when performed together may comprise a panel.

Duplicate Laboratory Service: Identical or equivalent bundled laboratory Component Codes, submitted for the same patient on the same date of service on separate claim lines or on different claims regardless of the assigned Maximum Frequency per Day (MFD) value.

Non-Reference Laboratory Provider: A physician or a Pathologist reporting laboratory procedures performed in their office.

Panel Codes: Identify, for coding purposes, a group of tests commonly performed as a group or profile.

Physician Office Laboratory: A laboratory maintained by a physician or group of physicians for performing diagnostic tests in connection with the physician practice.

Precedence: The fact, state, or right of preceding priority; priority claimed because of pre-eminence or superiority.

Purchased Diagnostic Tests: When one component (technical or professional) of a diagnostic test is purchased from a laboratory supplier by a physician or laboratory. Purchased Diagnostic Tests include laboratory or pathology services that are listed in the (CMS) National Physician Fee Schedule with a PC/TC indicator 1, 6, or 8. Purchased services do not apply to automated or manual laboratory services.

Independent Laboratory: An Independent Laboratory is one that is independent both of an attending or consulting physician's office and of a hospital that meets at least the requirements to qualify as an emergency hospital. An Independent Laboratory must meet Federal and State requirements for certification and proficiency testing under the Clinical Laboratories Improvement Act (CLIA).

©1996-2021, Oxford Health Plans, LLC

Reference Laboratory: A Reference Laboratory that receives a Specimen from another, Referring Laboratory for testing and that actually performs the test is often referred to as an Independent Laboratory.

Referring Laboratory: A Referring Laboratory is one that receives a Specimen to be tested and that refers the Specimen to another laboratory for performance of the laboratory test.

Same Group Physician or Other Qualified Health Care Professional: All physicians and/or other qualified health care professionals of the same group reporting the same Federal Tax Identification number.

Same Individual Physician or Other Qualified Health Care Professional: The same individual rendering health care services reporting the same Federal Tax Identification number.

Specimen: Tissue or tissues that is (are) submitted for individual and separate attention, requiring individual examination and pathological diagnosis. Two or more such Specimens from the same patient (e.g., separately identifiable endoscopic biopsies, skin lesions) are each appropriately assigned an individual code reflective of its proper level of service.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

Laboratory Codes with a PC/TC Indicator 3 or 9										
A list of codes that have been assigned a Professional Component/ Technical Component (PC/TC) Indicator of 3 or 9. • PC/TC Indicator 3: Technical Component Only code • PC/TC Indicator 9: The concept of a professional/technical component does not apply These services are not reimbursable to a Reference Laboratory or Non-Reference Laboratory Provider in a facility setting.										
0493T	0500T	0537T	0538T	0539T	80047	80048	80050	80051	80053	80055
80061	80069	80074	80076	80081	80143	80145	80150	80151	80155	80156
80157	80158	80159	80161	80162	80163	80164	80165	80167	80168	80169
80170	80171	80173	80175	80176	80177	80178	80179	80180	80181	80183
80184	80185	80186	80187	80188	80189	80190	80192	80193	80194	80195
80197	80198	80199	80200	80201	80202	80203	80204	80210	80230	80235
80280	80285	80299	80305	80306	80307	80320	80321	80322	80323	80324
80325	80326	80327	80328	80329	80330	80331	80332	80333	80334	80335
80336	80337	80338	80339	80340	80341	80342	80343	80344	80345	80346
80347	80348	80349	80350	80351	80352	80353	80354	80355	80356	80357
80358	80359	80360	80361	80362	80363	80364	80365	80366	80367	80368
80369	80370	80371	80372	80373	80374	80375	80376	80377	80400	80402
80406	80408	80410	80412	80414	80415	80416	80417	80418	80420	80422
80424	80426	80428	80430	80432	80434	80435	80436	80438	80439	81000
81001	81002	81003	81005	81007	81015	81020	81025	81050	81099	81105
81106	81107	81108	81109	81110	81111	81112	81120	81121	81161	81162
81163	81164	81165	81166	81167	81168	81170	81171	81172	81173	81174
81175	81176	81177	81178	81179	81180	81181	81182	81183	81184	81185
81186	81187	81188	81189	81190	81191	81192	81193	81194	81200	81201

©1996-2021, Oxford Health Plans, LLC

Laboratory Codes with a PC/TC Indicator 3 or 9

A list of codes that have been assigned a Professional Component/ Technical Component (PC/TC) Indicator of 3 or 9.

- PC/TC Indicator 3: Technical Component Only code
- PC/TC Indicator 9: The concept of a professional/technical component does not apply

These services are not reimbursable to a Reference Laboratory or Non-Reference Laboratory Provider in a facility setting.

81202	81203	81204	81205	81206	81207	81208	81209	81210	81212	81215
81216	81217	81218	81219	81220	81221	81222	81223	81224	81225	81226
81227	81228	81229	81230	81231	81232	81233	81234	81235	81236	81237
81238	81239	81240	81241	81242	81243	81244	81245	81246	81247	81248
81249	81250	81251	81252	81253	81254	81255	81256	81257	81258	81259
81260	81261	81262	81263	81264	81265	81266	81267	81268	81269	81270
81271	81272	81273	81274	81275	81276	81277	81278	81279	81283	81284
81285	81286	81287	81288	81289	81290	81291	81292	81293	81294	81295
81296	81297	81298	81299	81300	81301	81302	81303	81304	81305	81306
81307	81308	81309	81310	81311	81312	81313	81314	81315	81316	81317
81318	81319	81320	81321	81322	81323	81324	81325	81326	81327	81328
81329	81330	81331	81332	81333	81334	81335	81336	81337	81338	81339
81340	81341	81342	81343	81344	81345	81346	81347	81348	81350	81351
81352	81353	81355	81357	81360	81361	81362	81363	81364	81370	81371
81372	81373	81374	81375	81376	81377	81378	81379	81380	81381	81382
81383	81400	81401	81402	81403	81404	81405	81406	81407	81408	81410
81411	81412	81413	81414	81415	81416	81417	81419	81420	81422	81425
81426	81427	81430	81431	81432	81433	81434	81435	81436	81437	81438
81439	81440	81442	81443	81445	81448	81450	81455	81460	81465	81470
81471	81479	81490	81493	81500	81503	81504	81506	81507	81508	81509
81510	81511	81512	81513	81514	81518	81519	81520	81521	81522	81525
81528	81529	81535	81536	81538	81539	81540	81541	81542	81546	81551
81552	81554	81595	81596	81599	82009	82010	82013	82016	82017	82024
82030	82040	82042	82043	82044	82045	82075	82077	82085	82088	82103
82104	82105	82106	82107	82108	82120	82127	82128	82131	82135	82136
82139	82140	82143	82150	82154	82157	82160	82163	82164	82172	82175
82180	82190	82232	82239	82240	82247	82248	82252	82261	82270	82271
82272	82274	82286	82300	82306	82308	82310	82330	82331	82340	82355
82360	82365	82370	82373	82374	82375	82376	82378	82379	82380	82382
82383	82384	82387	82390	82397	82415	82435	82436	82438	82441	82465
82480	82482	82485	82495	82507	82523	82525	82528	82530	82533	82540
82542	82550	82552	82553	82554	82565	82570	82575	82585	82595	82600
82607	82608	82610	82615	82626	82627	82633	82634	82638	82642	82652
82656	82657	82658	82664	82668	82670	82671	82672	82677	82679	82681
82693	82696	82705	82710	82715	82725	82726	82728	82731	82735	82746
82747	82757	82759	82760	82775	82776	82777	82784	82785	82787	82800
82803	82805	82810	82820	82930	82938	82941	82943	82945	82946	82947
82948	82950	82951	82952	82955	82960	82962	82963	82965	82977	82978

©1996-2021, Oxford Health Plans, LLC

Laboratory Codes with a PC/TC Indicator 3 or 9

A list of codes that have been assigned a Professional Component/ Technical Component (PC/TC) Indicator of 3 or 9.

- PC/TC Indicator 3: Technical Component Only code
- PC/TC Indicator 9: The concept of a professional/technical component does not apply

These services are not reimbursable to a Reference Laboratory or Non-Reference Laboratory Provider in a facility setting.

82979	82985	83001	83002	83003	83006	83009	83010	83012	83013	83014
83015	83018	83021	83026	83030	83033	83036	83037	83045	83050	83051
83060	83065	83068	83069	83070	83080	83088	83090	83150	83491	83497
83498	83500	83505	83516	83518	83519	83520	83525	83527	83528	83540
83550	83570	83582	83586	83593	83605	83615	83625	83630	83631	83632
83633	83655	83661	83662	83663	83664	83670	83690	83695	83698	83700
83701	83704	83718	83719	83721	83722	83727	83735	83775	83785	83789
83825	83835	83857	83861	83864	83872	83873	83874	83876	83880	83883
83885	83915	83916	83918	83919	83921	83930	83935	83937	83945	83950
83951	83970	83986	83987	83992	83993	84030	84035	84060	84066	84075
84078	84080	84081	84085	84087	84100	84105	84106	84110	84112	84119
84120	84126	84132	84133	84134	84135	84138	84140	84143	84144	84145
84146	84150	84152	84153	84154	84155	84156	84157	84160	84163	84202
84203	84206	84207	84210	84220	84228	84233	84234	84235	84238	84244
84252	84255	84260	84270	84275	84285	84295	84300	84302	84305	84307
84311	84315	84375	84376	84377	84378	84379	84392	84402	84403	84410
84425	84430	84431	84432	84436	84437	84439	84442	84443	84445	84446
84449	84450	84460	84466	84478	84479	84480	84481	84482	84484	84485
84488	84490	84510	84512	84520	84525	84540	84545	84550	84560	84577
84578	84580	84583	84585	84586	84588	84590	84591	84597	84600	84620
84630	84681	84702	84703	84704	84830	84999	85002	85004	85007	85008
85009	85013	85014	85018	85025	85027	85032	85041	85044	85045	85046
85048	85049	85055	85130	85170	85175	85210	85220	85230	85240	85244
85245	85246	85247	85250	85260	85270	85280	85290	85291	85292	85293
85300	85301	85302	85303	85305	85306	85307	85335	85337	85345	85347
85348	85360	85362	85366	85370	85378	85379	85380	85384	85385	85397
85400	85410	85415	85420	85421	85441	85445	85460	85461	85475	85520
85525	85530	85536	85540	85547	85549	85555	85557	85597	85598	85610
85611	85612	85613	85635	85651	85652	85660	85670	85675	85705	85730
85732	85810	85999	86000	86001	86003	86005	86008	86021	86022	86023
86038	86039	86060	86063	86140	86141	86146	86147	86148	86152	86155
86156	86157	86160	86161	86162	86171	86200	86215	86225	86226	86235
86277	86280	86294	86300	86301	86304	86305	86308	86309	86310	86316
86317	86318	86328	86329	86331	86332	86336	86337	86340	86341	86343
86344	86352	86353	86355	86356	86357	86359	86360	86361	86367	86376
86382	86384	86386	86403	86406	86408	86409	86413	86430	86431	86480
86481	86485	86486	86490	86510	86580	86590	86592	86593	86602	86603
86606	86609	86611	86612	86615	86617	86618	86619	86622	86625	86628

©1996-2021, Oxford Health Plans, LLC

Laboratory Codes with a PC/TC Indicator 3 or 9

A list of codes that have been assigned a Professional Component/ Technical Component (PC/TC) Indicator of 3 or 9.

- PC/TC Indicator 3: Technical Component Only code
- PC/TC Indicator 9: The concept of a professional/technical component does not apply

These services are not reimbursable to a Reference Laboratory or Non-Reference Laboratory Provider in a facility setting.

86631	86632	86635	86638	86641	86644	86645	86648	86651	86652	86653
86654	86658	86663	86664	86665	86666	86668	86671	86674	86677	86682
86684	86687	86688	86689	86692	86694	86695	86696	86698	86701	86702
86703	86704	86705	86706	86707	86708	86709	86710	86711	86713	86717
86720	86723	86727	86732	86735	86738	86741	86744	86747	86750	86753
86756	86757	86759	86762	86765	86768	86769	86771	86774	86777	86778
86780	86784	86787	86788	86789	86790	86793	86794	86800	86803	86804
86805	86806	86807	86808	86812	86813	86816	86817	86821	86825	86826
86828	86829	86830	86831	86832	86833	86834	86835	86849	86850	86860
86870	86880	86885	86886	86890	86891	86900	86901	86902	86904	86905
86906	86910	86911	86920	86921	86922	86923	86927	86930	86931	86932
86940	86941	86945	86950	86960	86965	86970	86971	86972	86975	86976
86977	86978	86985	86999	87003	87015	87040	87045	87046	87070	87071
87073	87075	87076	87077	87081	87084	87086	87088	87101	87102	87103
87106	87107	87109	87110	87116	87118	87140	87143	87147	87149	87150
87152	87153	87158	87166	87168	87169	87172	87176	87177	87181	87184
87185	87186	87187	87188	87190	87197	87205	87206	87209	87210	87220
87230	87250	87252	87253	87254	87255	87260	87265	87267	87269	87270
87271	87272	87273	87274	87275	87276	87278	87279	87280	87281	87283
87285	87290	87299	87300	87301	87305	87320	87324	87327	87328	87329
87332	87335	87336	87337	87338	87339	87340	87341	87350	87380	87385
87389	87390	87391	87400	87420	87425	87426	87427	87428	87430	87449
87451	87471	87472	87475	87476	87480	87481	87482	87483	87485	87486
87487	87490	87491	87492	87493	87495	87496	87497	87498	87500	87501
87502	87503	87505	87506	87507	87510	87511	87512	87516	87517	87520
87521	87522	87525	87526	87527	87528	87529	87530	87531	87532	87533
87534	87535	87536	87537	87538	87539	87540	87541	87542	87550	87551
87552	87555	87556	87557	87560	87561	87562	87563	87580	87581	87582
87590	87591	87592	87623	87624	87625	87631	87632	87633	87634	87635
87636	87637	87640	87641	87650	87651	87652	87653	87660	87661	87662
87797	87798	87799	87800	87801	87802	87803	87804	87806	87807	87808
87809	87810	87811	87850	87880	87899	87900	87901	87902	87903	87904
87905	87906	87910	87912	87999	88000	88005	88007	88012	88014	88016
88020	88025	88027	88028	88029	88036	88037	88040	88045	88099	88130
88140	88142	88143	88147	88148	88150	88152	88153	88155	88164	88165
88166	88167	88174	88175	88184	88185	88230	88233	88235	88237	88239
88240	88241	88245	88248	88249	88261	88262	88263	88264	88267	88269
88271	88272	88273	88274	88275	88280	88283	88285	88289	88720	88738

©1996-2021, Oxford Health Plans, LLC

Laboratory Codes with a PC/TC Indicator 3 or 9										
A list of codes that have been assigned a Professional Component/ Technical Component (PC/TC) Indicator of 3 or 9. • PC/TC Indicator 3: Technical Component Only code • PC/TC Indicator 9: The concept of a professional/technical component does not apply These services are not reimbursable to a Reference Laboratory or Non-Reference Laboratory Provider in a facility setting.										
88740	88741	88749	89050	89051	89055	89125	89160	89190	89220	89230
D0604	D0605	G0027	G0103	G0123	G0143	G0144	G0145	G0147	G0148	G0306
G0307	G0328	G0432	G0433	G0435	G0472	G0475	G0476	G0480	G0481	G0482
G0483	G0499	G0659	G9143	H0003	H0049	P2028	P2029	P2031	P2033	P2038
P3000	P7001	P9073	P9100	Q0111	Q0112	Q0113	Q0114	Q0115	S3620	S3630
S3645	S3650	S3652	S3655	S3708	S3800	S3840	S3841	S3842	S3844	S3845
S3846	S3849	S3850	S3852	S3853	S3854	S3861	S3865	S3866	S3870	U0001
U0002	U0003	U0004	U0005							

CPT® is a registered trademark of the American Medical Association

Questions and Answers

1	Q:	What place of service should an Independent or Reference Laboratory report when billing?
	A:	When billing, the place of service reported should be the location where the Specimen was obtained, For example, a specimen removed from a hospitalized patient and sent to the laboratory would be reported with Place of Service (POS) 21 or 22; a sample taken at a physician's office and referred to the laboratory would be reported with POS 11; if the Independent or Reference Laboratory did the blood drawing in its own setting, it should report POS 81.
2	Q:	What provider specialty is eligible to report and receive reimbursement for Laboratory services?
	A:	As stated in the UnitedHealthcare Provider Administration Guide you may only bill for services that you or your staff perform. If your provider specialty is a Reference Laboratory, report laboratory services appended with modifier 90 to indicate a Reference (Outside) Laboratory.
3	Q:	Will identical or equivalent laboratory Component Codes submitted on the same day for the same patient by the Same Group Physician or Other Qualified Health Care Professional be denied as Duplicate Laboratory Services?
	A:	Yes, identical or equivalent laboratory Component Codes are denied unless the appropriate repeat laboratory procedure modifier (modifier 59, XE, XP, XS, XU, or 91) is appended to the code(s) submitted.
4	Q:	Will consecutive or serial tests provided on the same day to the same patient by either physicians of the same group or multiple providers be denied as a Duplicate Laboratory Service?
	A:	Yes, consecutive or serial tests are denied unless the appropriate repeat laboratory procedure modifier (modifier 91) is appended to the codes submitted.
5	Q:	In what circumstance(s) is it appropriate to report modifier 59 with a laboratory service?
	A:	When identifying procedures/services that are performed by the same or multiple individuals or Same Group Physician or Other Qualified Health Care Professional for the same patient on the same day, modifier 59, XE, XP, XS, or XU is appropriate. Multiple individuals may include, but are not limited to, any physician or other qualified health care professional, Reference Laboratory, Referring Laboratory or pathologist. Circumstances include: • Mutually exclusive procedures (e.g., a Panel Code and one of its individual Component Codes reported together). • Repeat laboratory services on Specimens from distinctly separate anatomic sites. • Repeat laboratory services for different species or strains.
6	Q:	If a pathologist and a treating physician report identical codes for the same individual on the same date of service, how will each claim be reimbursed?

©1996-2021, Oxford Health Plans, LLC

6	A:	Only the pathologist will be reimbursed. The treating physician may also be reimbursed if modifier 59, XE, XP, XS, XU, or 91 is appropriately reported with the code(s) submitted to distinguish that it was a distinct or repeat laboratory service.
7	Q:	Can laboratory tests be performed in the absence of a physician(s) or other qualified health care professional(s) documentation or signed physician orders?
	A:	No, physicians or other qualified health care professionals who order laboratory services for patients must maintain documentation of the order/intent of the service(s) or signed progress notes or office notes.
8	Q:	Why is code 83992 added to the Drug Assay Testing section code range 80320 - 80377?
	A:	CPT code 83992, which was resequenced, is included in the Drug Assay Testing code range 80320-80377. In CPT, 83992 has been placed between 80365 and 80366, which falls into the Drug Assay Testing code range.
9	Q:	Is a separate collection of the specimen and order necessary for the appropriate use of modifier 91?
	A:	Yes, a separate collection with appropriate order is required for proper use of modifier 91. The order may be part of a sequential order or may be a standalone order for the same test, same day and same patient. Example: Cardiac enzymes CPT code 82550 may be drawn at different times on the same date of service (DOS). Reporting 82550-91 for each additional blood draw would be an appropriate use of modifier 91. The DOS on a claim for a laboratory test is the date the Specimen was collected and if collected over 2 calendar days, the DOS is the date the collection ended.
10	Q:	Are respiratory viral panels with fewer than 6 pathogen targets reimbursable under this policy? For example, can lab charges be submitted with the appropriate code(s) for 5 or less targets?
	A:	Yes, respiratory viral panels of 5 or less targets may be considered for reimbursement when appropriate.

References

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed, and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [*2021R0010E*]

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Health care Common Procedure Coding System, HCPCS Release and Code Sets

Policy History/Revision Information

Date	Summary of Changes

08/01/2021	**Overview**
	• Added language to indicate coding relationships for laboratory topics not included within this policy are administered through Oxford's Reimbursement Policies titled *Rebundling Policy and CCI Editing Policy (CES)*
	Reimbursement Guidelines
	Place of Service
	• Revised language to indicate:
	  ○ Oxford uses the codes indicated in the Centers for Medicare and Medicaid Services (CMS) Place of Service (POS) Codes for Professional Claims Database to determine if laboratory services are reimbursable
	  ○ For the purposes of this policy, a facility POS is considered POS 19, 21, 22, 23, 26, 34, 51, 52, 55, 56, 57 and 61; all other POS (e.g., 11, 81, etc.) are considered non-facility
	  ○ The POS designation identifies the location where the laboratory service was collected; for example, if the Specimen is obtained:
	  ▪ In an Independent Laboratory or a Reference Laboratory, POS 81 is reported
	  ▪ In an office/clinic or other non-facility setting, the appropriate non-facility POS is reported
	  ▪ In a facility setting, the appropriate facility POS is reported (e.g., patient is inpatient [POS 21] or outpatient [POS 22])

©1996-2021, Oxford Health Plans, LLC

Date	Summary of Changes
	▪ In a laboratory setting maintained by another physician or other qualified health care professional in their office/clinic, the POS code 99 for "Other Place of Service" is reported ○ All entities billing for laboratory services should append identifying modifiers (e.g., 90), when appropriate, in accordance with correct coding *Anatomic Pathology Services and Purchased Diagnostic Services* • Added list of *Purchased Laboratory Eligible Codes* (previously located in *Applicable Codes* section) *Documentation Requirements for Reporting Laboratory Services* • Revised list of documentation requirements: ○ Added: ▪ A signed order or requisition listing the specific test(s), or ▪ An unsigned order or requisition listing the specific test(s), and an authenticated medical record (e.g., progress notes or office notes) supporting the physician's intent to order the tests (for example, "order labs", "check blood", "repeat urine," or ▪ An authenticated medical record (e.g. office notes or progress notes) supporting the physician intent to order specific test(s), or ▪ Electronic requisitions are acceptable when the laboratory can demonstrate the order(s) was received through a standardized electronic process ○ Removed: ▪ Progress notes or office notes signed by the physician or other qualified health care professional ▪ Physician or other qualified health care professional order/intent to order ▪ Laboratory results • Added language to indicate the medical record should include the documentation described above, as well as a copy of the test results *Laboratory Panels* (new to policy) • Added language to indicate Individual laboratory codes, which together make up an organ or disease-oriented laboratory Panel Code, will be combined into and reimbursed as the more comprehensive laboratory Panel Code as described under the specific laboratory panel headings [within the policy] *Clinical and Surgical Pathology Consultations (80500-80502 and 88321-88325)* • Added list of *Evaluation and Management Codes* (previously located in *Applicable Codes* section) Supporting Information • Archived previous policy version ADMINISTRATIVE 288.1 T0

Instructions for Use

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The InterQual® criteria are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

©1996-2021, Oxford Health Plans, LLC