PARTICIPATING PROVIDER LABORATORY AND PATHOLOGY PROTOCOL

Policy Number: ADMINISTRATIVE 251.5 T0

Effective Date: August 1, 2019

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APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial Connecticut (CT) and New York (NY) plan membership.

PURPOSE

The purpose of this policy is to communicate the procedures and responsibilities that apply when a participating physician (and other qualified healthcare professionals) treating a member on a CT or NY product wants to use a non-participating laboratory (lab) or non-participating pathologist or provide a member with a laboratory requisition form, prescription or other form to obtain laboratory or pathology services outside the physician office.

Note: Refer to the Provider Administrative Guide for additional information on participating provider responsibilities for all other commercial plan membership.

POLICY

Participating physicians treating members enrolled in a CT or NY product are required to refer laboratory and pathology services to participating providers in our network except as otherwise authorized by us or a Payer. This includes the following:

- Specimens collected in the physician’s office for processing by a non-participating provider (on and off-site).
- Providing the member with a requisition form, prescription or other form to obtain laboratory or pathology services outside the physician office.

In the unusual circumstance that a participating physician requires a specific laboratory or pathology test for which they believe no participating provider is available, they must contact Oxford in advance to confirm that the specific test is covered and verify if a participating provider is available to perform the test. If there is no participating provider available to perform the requested test(s), an In-Network Exception request can be made to allow the member to receive services from a non-participating provider at an in-network benefit level. The request must be made at least 14 days prior to the date of service, except in urgent or emergent situations.

PROCEDURES AND RESPONSIBILITIES

The following procedures and responsibilities apply when a participating provider is treating a member enrolled in a Connecticut (CT) or New York (NY) product.

- Participating Provider Using Participating Laboratories/Pathologists
  Participating providers are required to use an Oxford participating laboratory and/or an Oxford participating pathologist when collecting specimens in their office. If a participating laboratory or pathologist is used, the Laboratory & Pathology Services Consent Form is not required.
If a participating provider is unable to locate a participating laboratory or pathologist, they must contact Oxford for assistance.

- **Participating Provider Responsibilities**
  Specific guidelines must be followed if a participating provider is recommending the use of, making a referral to or involving a non-participating laboratory or pathologist in a member’s care. This includes the following:
  - Specimens collected in the physician’s office for processing by a non-participating provider (on- and off-site).
  - Providing the member with a requisition form, prescription or other form to obtain laboratory or pathology services outside the physician office.

**Requirements**
Prior to making the recommendation involving or referring a member to a non-participating laboratory or pathologist, the participating provider is required to:

- **Verbally discuss options and financial impact with the member.**
  - The provider must review this policy and the Laboratory & Pathology Services Consent Form with the member.
    - The discussion must explain participating alternatives and the reason for any referral to a non-participating laboratory or pathologist.
    - The discussion must include a conversation explaining the financial impact of using a non-participating lab or pathologist. Refer to the Coordinate the Member’s Care as directed by the Member section below for details.
    - A copy of the completed and signed Laboratory & Pathology Services Consent Form must be provided to the member.
  - The discussion must occur prior to the performance of any laboratory or pathology services including specimen collection.
  - The discussion must then be noted in the member’s medical record.

- **Obtain a completed Laboratory & Pathology Services Consent Form.**
  - The member will need to make a choice whether to use a participating or non-participating laboratory or pathologist, by marking their selected choice, signing and dating the Laboratory & Pathology Services Consent Form.
  - If the member:
    - **Does Agree** to the use of a non-participating laboratory or pathologist, refer to the Coordinate the Member’s Care as directed by the Member for additional details.
    - **Does Not Agree**, refer to the Coordinate the Member’s Care as directed by the Member for additional details.
  - The signed and completed Laboratory & Pathology Services Consent Form must be kept on file by the participating provider.
  - A separate Laboratory & Pathology Services Consent Form is required for each episode of laboratory care when the participating provider wants to refer to or involve a non-participating laboratory or pathologist in a member’s care.
  - The Laboratory & Pathology Services Consent Form will only be valid for 15 days from the date of member signature.
  - Oxford may request a copy of the completed Laboratory & Pathology Services Consent Form from the participating provider in order to conduct standard business.
    - When requested, the participating provider must provide a copy of the Laboratory & Pathology Services Consent Form within 15 days of the request.
    - If a copy of the signed and completed Laboratory & Pathology Services Consent Form is not received within 15 days of the request, Oxford will administratively deny the participating provider’s claim.
    - Any payment previously made will be subject to recovery. In these instances, the participating provider is prohibited from balance billing the member.

- **Coordinate the member’s care as directed by the member in the Laboratory & Pathology Services Consent Form.**
  - If the member agrees to the use of non-participating laboratory or pathologist:
    - Ensure that the member understands the financial obligations of using a non-participating laboratory or pathologist.
    - For members with out-of-network benefits: Non-participating laboratory and pathology claims will be paid at the out-of-network benefit level. Out-of-network cost shares and deductibles will apply. In addition, members may be responsible to the non-participating laboratory or pathologist for any amount above the amount paid by the health plan, as determined by the member’s out-of-network benefit; OR
- For members with only **in-network benefits**: Non-participating laboratory and pathology claims will be denied because the member has no coverage for services provided by non-participating providers. Members will therefore be responsible for the entire cost of the service(s).
  
  o If the member does **NOT agree** to the use of non-participating laboratory or pathologist:
    - If the participating provider is unable to locate a participating laboratory or pathologist, they must contact Oxford for assistance in locating one.
    - If the participating provider still wants to recommend the non-participating laboratory or pathologist, they must contact the health plan to request and initiate an In-Network Exception.

**Financial Consequence for Non-Compliance by CT or NY Participating Physicians**

Oxford may request a copy of the completed **Laboratory & Pathology Services Consent Form** from the participating provider (who is required to keep the form on file) in order to conduct standard business.

- When requested, the participating physician must provide a copy of the **Laboratory & Pathology Services Consent Form** within 15 days of the request.
- If a copy of the signed and completed **Laboratory & Pathology Services Consent Form** is not received within 15 days of the request, Oxford will administratively deny the participating provider’s claim.
- Any payment previously made will be subject to recovery. In these instances, the participating provider is prohibited from balance billing the member.

**ATTACHMENTS**

- Laboratory & Pathology Services Consent Form (Chinese)
- Laboratory & Pathology Services Consent Form (English)
- Laboratory & Pathology Services Consent Form (Spanish)

**POLICY HISTORY/REVISION INFORMATION**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
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<tbody>
<tr>
<td>08/01/2019</td>
<td>Revised procedures and responsibilities:</td>
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<tr>
<td></td>
<td>o Updated language pertaining to protocol requirements to indicate:</td>
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<tr>
<td></td>
<td>▪ If a copy of the signed and completed <strong>Laboratory &amp; Pathology Services Consent Form</strong> is not received within 15 days of the request, Oxford will administratively deny the participating provider’s claim</td>
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<td>▪ Any payment previously made will be subject to recovery; in these instances, the participating provider is prohibited from balance billing the member</td>
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<td>o Removed language indicating this protocol applies only to the Evaluation &amp; Management (E&amp;M) code which generated the non-participating laboratory or pathology referral</td>
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<td>▪ Archived previous policy version ADMINISTRATIVE 251.4 T0</td>
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**INSTRUCTIONS FOR USE**

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. 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.