



Laboratory and Pathology Payment Policy

(Contracted facility only)

Policy

Fallon Community Health Plan will pay for covered laboratory and pathology services provided at a contracted facility. Supporting documentation may be requested to verify the services provided follow FCHP guidelines.

Definition

Laboratory and pathology services include the study of tissues, fluids and other materials obtained from a patient to study the nature and cause of disease.

Benefits application

Commercial

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Major Medical
- Fallon Preferred Care

Senior Plan

- Fallon Senior Plan™
- Fallon Senior Plan Preferred

Reimbursement

Laboratory services are reimbursed based on terms outlined in the provider contract. All claims are subject to payment edits.

FCHP does reimburse:

- Panel codes, when all individual tests in the panel have been performed.
- Individual codes, when all components in a panel have not been performed.
- Testing for medication levels.
- Routine screening labs.
- Clinical laboratory tests, when performed by a technician under physician supervision.
- Laboratory and pathology consultant opinions when deemed medically necessary
- FCHP does reimburse for 36415 (collection of venous blood by venipuncture) and/or 36416 (collection of capillary blood specimen (e.g., finger, heel, ear stick) when it is the sole service provided.

FCHP does not reimburse:

- Paternity blood tests.
- Mandated drug testing (e.g., court-ordered).
- Laboratory and pathology services submitted with unlisted CPT codes without prior authorization.
- Drugs, devices, treatments, procedures, laboratory and pathology tests that are experimental, unproven, or investigational.

- FCHP will not reimburse separately for 36415 (collection of venous blood by venipuncture) and/or 36416 (collection of capillary blood specimen e.g., finger, heel, ear stick) when billed along with an E&M office visit (99201-05; 99211-15) or preventative medicine service (99381-87; 99391-97) or laboratory CPT codes 80000-89999.

Referral/notification/preauthorization requirements

The ordering physician is required to obtain preauthorization for:

- Unlisted CPT and HCPCS codes.
- The applicable laboratory codes found on the List of Procedures Requiring Preauthorization, which is located in the Managing Patient Care section of the *Provider Manual*, under PCP Referral and Plan Preauthorization Process.
- Genetic testing – as described in the Genetic Testing Medical Policy located in the *Provider Manual* in the Medical Policy section.

Billing/coding guidelines

- Services should be submitted using industry standard forms or HIPAA-standard electronic formats.
- The referring or ordering physician's name must be submitted in the appropriate place on the claim form (i.e., Box 17 on CMS form).
- Use panel codes only when all individual tests included in the panel have been performed. If other tests are performed, together with those specified in the panel, bill separately in addition to the panel code.
- For laboratory or pathology services that have a professional and technical component, the appropriate -TC or -26 modifier is required to be listed first.
- Use modifier -91 to indicate that laboratory test(s) were repeated to obtain subsequent (multiple) test results. This modifier may be only used for laboratory test(s) performed more than once on the same day on the same patient.
- Do not use modifier -91 when laboratory tests are repeated due to specimen mishandling, insufficient sampling or re-confirmation. This modifier may not be used when other codes(s) describe a series of test results (e.g., glucose tolerance tests, evocative/suppression testing).
- Use modifier -QW for all waived lab tests performed in a physician's office.

Place of service

This policy applies to services rendered in a contracted facility; **not** in a physician's office.

Policy history

Origination date: 01/31/01

Previous revision date(s): 04/16/03, 03/31/04, 03/30/05, 03/15/06, 01/31/07, 05/09/07, 09/30/08

Connection date and details: 11/01/08 – Clarify reimbursement for venipuncture and collection of blood specimens.

This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for FCHP. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. FCHP reserves the right to apply this payment policy to all FCHP companies and subsidiaries.