

In-Office Stat Labs

Reimbursement Policy ID: RPC.0060.5400

Recent review date: 02/2024

Next review date: 11/2024

AmeriHealth Caritas District of Columbia reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas District of Columbia may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

Policy Overview

This policy describes AmeriHealth Caritas District of Columbia reimbursement criteria for laboratory tests performed in a provider's office (POS 11).

Exceptions

N/A

Reimbursement Guidelines

AmeriHealth Caritas District of Columbia restricts reimbursement for in-office diagnostic laboratory testing with the expectation that most conditions addressed during face-to-face patient encounters do not warrant expedited lab results.

However, if a provider determines the need for immediate lab results to manage an urgent or emergent condition, AmeriHealth Caritas District of Columbia will consider codes on the attached list (POS 11 Labs.pdf) for reimbursement when reported in place of service 11.

Definitions

N/A

Edit Sources

- I. Current Procedural Terminology (CPT).
- II. Healthcare Common Procedure Coding System (HCPCS).
- III. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10).
- IV. Centers for Medicare and Medicaid Services (CMS).
- V. The National Correct Coding Initiative (NCCI)
- VI. District of Columbia Medicaid Fee Schedule(s).

Attachments



POS 11 Labs.pdf

Associated Policies

RPC.0050.5400 Laboratory and Pathology

Policy History

04/2024	Revised preamble
02/2024	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas District of Columbia from Policy History section
01/2023	Template revised <ul style="list-style-type: none">• Revised preamble• Removal of Applicable Claim Types table• Coding section renamed to Reimbursement Guidelines• Added Associated Policies section