

Coding Policy

Laboratory Panel Billing

CODING POLICY NUMBER: 30

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SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”). **The full Company portfolio of current coding policies is available online and can be [accessed here](#).**

POLICY APPLICATION

- Providence Health Plan Participating Providers Non-Participating Practitioners
 Commercial Medicaid/Oregon Health Plan Medicare

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Coding policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY STATEMENT

- I. A laboratory panel is a collection of individual tests performed on the same date for a specific purpose.

- A. These panels are requested with a single order and are completed with a single biological specimen.
- B. The panel test is represented by a single CPT or HCPCS code, although the individual tests within a panel typically have their own specific assigned CPT or HCPCS code.

PROCEDURE

GENERAL

Testing panels must be billed using a single procedure code. When no specific CPT or HCPCS code exists for the panel, the provider is required to bill the panel using an unlisted code. See Coding Policy 27.0 (Unlisted Procedure Codes). Guidelines in the CPT book state: “Do not select a CPT code that merely approximates the service provided. If no such specific code exists, then report the service using the appropriate unlisted procedure or service code.”

Unbundling occurs when a laboratory bills separately for some or all tests analyzed as part of a panel. It is not appropriate for the provider to bill any of the tests in a panel separately as if they were performed individually. This is a misrepresentation of services performed.

EXCEPTIONS

Company does not accept CPT code 80050 for Medicare lines of business. CPT code 80050 includes CPT code 80053, which is itself a panel code. For Medicare lines of business, providers may bill CPT code 80053 and any of the tests listed as components of CPT code 80050 separately; this will not be considered unbundling.

CROSS REFERENCES

- Coding Policy 27.0 (Unlisted Procedure Codes)

REFERENCES

1. Centers for Medicare and Medicaid Services (CMS) White Paper for Clinical Laboratory Services; Available at: <https://www.cms.gov/files/document/download-clinical-laboratory-services-white-paper.pdf>
2. American Medical Association. Current Procedural Terminology (CPT)

POLICY REVISION HISTORY

Date	Revision Summary
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3/2021	Original policy effective date
1/2023	Annual review. Converted to new template 5/2023.
1/2024	Annual review. No changes.
1/2025	Annual review. No changes to policy.
5/2025	Annual review. No changes to policy.
5/2026	Annual review. Added cross references section, reference to CP 27. Minor formatting changes.