

# Coding Policy

## Laboratory Panel Billing

CODING POLICY NUMBER: 30

<b>Effective Date:</b> 6/1/2025	POLICY STATEMENT .....	1
<b>Last Review Date:</b> 5/2025	PROCEDURE .....	2
<b>Next Annual Review:</b> 2026	REFERENCES .....	2
	POLICY REVISION HISTORY.....	2

**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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Providence Health Plan Participating Providers | <input checked="" type="checkbox"/> Non-Participating Practitioners |
| <input checked="" type="checkbox"/> Commercial                                     | <input checked="" type="checkbox"/> Medicaid/Oregon Health Plan     |
|  | <input checked="" type="checkbox"/> Medicare                        |

### 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. 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.

## REFERENCES

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

## POLICY REVISION HISTORY

Date	Revision Summary
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.