

# 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

### POLICY STATEMENT

- I. Clinical pathology, or laboratory medicine, involves the analysis of blood, urine, and other bodily fluids and tissues, as well as microscopic examination of individual cells, to provide information that supports the diagnosis, prevention, or treatment of human health disorders, diseases, and infections.
- II. 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 testing 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 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.

**There is one exception to this policy.** 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, and 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. American Medical Association (AMA) Guidelines

## POLICY REVISION HISTORY

Date	Revision Summary
1/2023	Annual review (converted to new template 5/2023). Original policy effective date: 3/2021