Coding Policy

Duplicate Diagnostic Test Interpretations

CODING POLICY NUMBER: 8

Effective Date: 1/1/2025

Last Review Date: 1/2025

Next Annual Review: 2026

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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. When Company receives charges for test interpretations (including, but not limited to, Pathology, Radiology, and EKG) from the treating provider (provider who is managing the patient's care) as well as from a specialist in the field whose interpretation was requested by the facility or by the treating provider, Company will pay only the specialist whose interpretation was requested. Payment for review of diagnostic tests performed during the course of treatment is included in payment for E/M services or other services billed by the treating provider.

II. When Company receives charges for test interpretations from two specialists, Company will pay the first claim received. Company will allow payment for multiple interpretations from different specialists only if the documentation supports medical necessity for separate interpretations.

III. In all cases, a separate written report is required to support payment for test interpretations. A summary of findings in the body of the operative note or progress note may not be billed separately as an interpretation.

PROCEDURE

GENERAL

When Company receives multiple claims for the same interpretation, generally the first claim received is the claim that is paid, regardless of the provider's specialty. When duplicate interpretations are detected, Company will pay only for the interpretation billed by the specialist whose review is requested and will request a refund if a claim was previously paid to the treating provider.

REFERENCES

1. Americal Medical Association
2. CMS/Medicare Rules and Regulations
3. Current Procedural Terminology (CPT) Guidelines
4. Providence Health Plan Clinical Coding Edits

POLICY REVISION HISTORY

Date	Revision Summary
1/2023	Annual review (converted to new template 5/2023). Original policy effective date: 7/2021
1/2024	Annual review. No changes to policy.
1/2025	Annual review. No changes to policy.