LABORATORY & PATHOLOGY SERVICES

Policy
AllWays Health Partners reimburses participating clinical laboratory and pathology providers for medically necessary services for the diagnosis, treatment, and prevention of disease, and for the maintenance of the health of AllWays Health Partners members.

AllWays Health Partners partners with eviCore for authorization requirements on certain high technology imaging services, ultrasound services, and cardiac studies. In addition, authorization through eviCore is required for radiation therapy and certain lab services.

Effective dates for the eviCore partnership and prior authorization process are as follows:
- 8/1/2016 for Genetic-molecular genomic testing.

Prior authorization for genetic-molecular genomic testing must be obtained by: eviCore

Provider portals for online prior authorization requests can be found here:
- Genetic-molecular genomic testing:
  - www.carecorenational.com

Contact eviCore toll-free at 888-693-3211 between the hours of 8:00am – 9:00pm EST

Laboratory requests may not be requested via fax.

Reimbursement
Providers are reimbursed according to the plan’s network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Covered services are defined by the member’s benefit plan. The manner in which covered services are reimbursed is determined by the AllWays Health Partners Payment Policy and by the provider’s agreement with AllWays Health Partners. Member liability amounts may include, but are not limited to, copayments, deductible, and/or co-insurance, and will be applied dependent upon the member’s benefit plan.

Various services and procedures require referral and/or authorization. Referral and authorization requirements can be located here.

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions.
Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

AllWays Health Partners reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to Coding Provider Payment Guidelines for more information.

All claims are subject to audit services and medical records may be requested from the provider.

**AllWays Health Partners Reimburses**
- Certain screening labs
- Clinical laboratory tests when performed by a technician under physician supervision
- Individual codes when all components within a panel code have not been performed
- Panel codes when all individual tests within the panel have been performed
- COVID-19 specimen collection (Separately reimbursable during the Covid-19 State of Emergency only)

**AllWays Health Partners Does Not Reimburse**
- Devices, drugs, procedures, treatments, laboratory and pathology tests that are experimental, investigational as referenced in Experimental and Investigational medical policy
- Employment drug screening
- Handling fees
- Laboratory and pathology services provided at no charge by the Commonwealth of Massachusetts agencies
- Laboratory and pathology services submitted with an unlisted CPT code when a valid, specified code is available
- Mandated drug testing (i.e. court-ordered, DCF, residential monitoring aka “sober house” testing)
- Paternity blood testing
- Routine venipuncture in conjunction with blood or related laboratory services or evaluation and management services
- Specimen Collection
- PLA codes (Proprietary Lab Analyses)
- Lab tests conducted in the home for personal convenience

**Provider Payment Guidelines and Documentation**
- Submit multiple same day services on one line with a count representing the number of services rendered
• Submit laboratory panel codes only when individual tests included in the panel have been performed; if other tests are performed in conjunction with those specified in the panel, bill separately in addition to the panel code
• Submit genetic testing code modifiers with molecular diagnostic codes and cytogenetic studies
• When applicable, report modifier “26” or “TC” in the first modifier field. Claims with these modifiers in the second field are subject to audit and/or denial

Procedure Codes
Please refer to the following eviCore link for the CPT codes that adhere to the guideline and authorization requirement: eviCore Utilization Management Program

Note: This list of codes may not be all-inclusive.

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>0300-0309</td>
<td>Laboratory Revenue Codes</td>
<td>Bill with appropriate CPT/HCPCS code</td>
</tr>
<tr>
<td>0310-0319</td>
<td>Pathology Revenue Codes</td>
<td>Bill with appropriate CPT/HCPCS code</td>
</tr>
<tr>
<td>36415</td>
<td>Collection of venous blood by venipuncture</td>
<td>Not reimbursable with blood or related lab services or with E/M services</td>
</tr>
<tr>
<td>36416</td>
<td>Collection of capillary blood specimen (e.g. finger, heel, ear stick)</td>
<td>Not reimbursable</td>
</tr>
<tr>
<td>99000-99002</td>
<td>Handling charges</td>
<td>Not reimbursable</td>
</tr>
<tr>
<td>G2023-G2024</td>
<td>Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]),</td>
<td>Separately reimbursable during the Covid-19 State of Emergency only</td>
</tr>
<tr>
<td>C9803</td>
<td>Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]),</td>
<td>Separately reimbursable during the Covid-19 State of Emergency only</td>
</tr>
<tr>
<td>P9603</td>
<td>Travel allowance, one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated miles travelled</td>
<td>Not reimbursable</td>
</tr>
<tr>
<td>P9604</td>
<td>Travel allowance, one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated trip charge</td>
<td>Not reimbursable</td>
</tr>
</tbody>
</table>

Unlisted Services and Procedures
AllWays Health Partners does not allow submission of Unlisted Codes. See Unlisted Code Requirement
Related Documents
- AllWays Health Partners Referral and Authorization Guide
- Experimental and Investigational Medical Policy
- General Coding and Billing
- Outpatient Drug Screening and Testing Medical Policy
- Preimplantation Genetic Testing Medical Policy
- Vitamin D Screening and Testing in Adults Medical Policy
- Unlisted Special Report Form
- Urine Drug Testing
- COVID-19 Payment Policy

References
- AMA-CPT Coding Guidelines
- NHIC (National Heritage Insurance Company) - New England, Provider Education: Reminder to Physicians Ordering Laboratory Tests

Publication History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 24, 2009</td>
<td>Original documentation</td>
</tr>
<tr>
<td>April 19, 2011</td>
<td>Member cost sharing language, reference, and disclaimer updated</td>
</tr>
<tr>
<td>March 19, 2013</td>
<td>Authorization grid updated</td>
</tr>
<tr>
<td>August 1, 2016</td>
<td>Removed definitions, removed modifiers/cost sharing table, added new reimbursement language, updated guidelines, and added AllWays Health Partners relationship with eviCore and the new authorization process</td>
</tr>
<tr>
<td>July 15, 2017</td>
<td>Annual review; updated “Related Documents” section; updated guidance regarding Unlisted codes; addition of information on non-reimbursed services</td>
</tr>
<tr>
<td>January 8, 2018</td>
<td>Document review; removal of outdated text; addition of Urine Drug Testing PPG link</td>
</tr>
<tr>
<td>January 1, 2019</td>
<td>Document restructure; codes, code descriptor and references updated</td>
</tr>
<tr>
<td>June 01, 2020</td>
<td>Added COVID19 specimen collection codes G2023-G2024 and C9803. (Separately reimbursable during the Covid-19 State of Emergency only). Added Reimburse COVID-19 specimen collection (Separately reimbursable during the Covid-19 State of Emergency only)</td>
</tr>
<tr>
<td>October 12, 2020</td>
<td>Added P9603 and P9604</td>
</tr>
<tr>
<td>March 10, 2021</td>
<td>Updated “Does Not Reimburse” list</td>
</tr>
</tbody>
</table>
This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider’s agreement, the terms and conditions of the provider’s agreement shall prevail. Payment policies are intended to assist providers in obtaining AllWays Health Partners’ payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers’ contract(s); scope of benefits included in a given member’s benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company.