



If a conflict arises between a Clinical Payment and Coding Policy (“CPCP”) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSOK may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (“HIPAA”) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (“UB”) Editor, American Medical Association (“AMA”), Current Procedural Terminology (“CPT®”), CPT® Assistant, Healthcare Common Procedure Coding System (“HCPCS”), ICD-10 CM and PCS, National Drug Codes (“NDC”), Diagnosis Related Group (“DRG”) guidelines, Centers for Medicare and Medicaid Services (“CMS”) National Correct Coding Initiative (“NCCI”) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

## Pre-Operative Testing

**Policy Number: CPCPLAB012**

**Version 1.0**

**Plan Effective Date: Nov. 1, 2022**

## Description

BCBSOK has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

## Reimbursement Information:

The following pre-operative tests **may be reimbursable** for the indications as noted:

Test	Indication
PT/INR and PTT	<ul style="list-style-type: none"> <li>• Clinical evidence or history of bleeding disorder (easy bruising, nose bleeds, bleeding gums from dental procedures), or</li> <li>• Family history of bleeding disorder, or</li> <li>• History or presence of liver disease, or</li> <li>• Anticoagulant use or drugs affecting coagulation, or</li> <li>• Craniotomy or spine surgery.</li> </ul>

Platelet Count	<ul style="list-style-type: none"> <li>• Known platelet abnormality or abnormal bleeding history, or</li> <li>• History of hematological malignancy, or</li> <li>• Thrombosis, purpura, petechiae or clinical bleeding, or</li> <li>• History of radiation or chemotherapy, or</li> <li>• Systemic diseases that may affect platelet count (i.e., Lupus, liver disease, etc.), or</li> <li>• HIV or AIDS.</li> </ul>
Hemoglobin and Hematocrit	<ul style="list-style-type: none"> <li>• Any procedure in which significant blood loss (greater than 500ml) is anticipated, or</li> <li>• If the patient has donated blood within the last 2 months, or</li> <li>• Patient history suggestive of anemia, leukemia, or cancer, or</li> <li>• Abnormal bleeding history, or</li> <li>• History of renal or liver disease, or</li> <li>• Anticoagulant use, or</li> <li>• Bariatric surgery.</li> </ul>
Serum Chemistry – Basic Metabolic Panel (BMP)	<ul style="list-style-type: none"> <li>• History of diabetes, or</li> <li>• History of hypertension or CAD, or</li> <li>• History of renal disease or renal toxic medications, or</li> <li>• Medications that may cause electrolyte or other BMP abnormalities (i.e., diuretics, NSAID, steroids, Digoxin, etc.), or</li> <li>• History of liver disease, or</li> <li>• Central nervous system disease, or</li> <li>• Morbid obesity, or</li> <li>• Any systemic disease that may significantly affect electrolytes or other BMP components (i.e., adrenal disease, AIDS, etc.).</li> </ul>
Liver Function Tests	<ul style="list-style-type: none"> <li>• Any patient with known or suspected liver disease, or</li> <li>• Patients with bleeding abnormalities.</li> </ul>
TSH	<ul style="list-style-type: none"> <li>• History of hyperthyroidism or hypothyroidism, or</li> <li>• Patients taking medications that can alter thyroid function (i.e., Amiodarone, Lithium), or</li> <li>• History of palpitations, sweating, or weight loss of unknown etiology, or</li> <li>• History of lethargy, cold intolerance, weight gain, constipation, or hair loss of unknown etiology.</li> </ul>
Urinalysis	<ul style="list-style-type: none"> <li>• Patients with or getting prosthetic implants, or</li> <li>• Patients undergoing prostatectomy, or</li> <li>• Patients who are symptomatic for a urinary tract infection, or</li> <li>• Patients with a specific indication for urinalysis (i.e., a kidney stone or planned genitourinary procedure), or</li> <li>• A reflex urinalysis (culture will only be done if UA is abnormal) should be requested rather than a UA and C/S unless a symptomatic UTI is suspected.</li> </ul>
Urine Culture	<ul style="list-style-type: none"> <li>• Patients with renal stones in the genitourinary tract, or</li> <li>• Patients who will have urethral manipulation as part of the surgical procedure, or</li> <li>• Patients with suspected urinary tract infections.</li> </ul>

Pregnancy Test	<ul style="list-style-type: none"> <li>• Any female of childbearing potential, regardless of birth control method, or</li> <li>• Any patient undergoing a hysterectomy or gynecological procedure with childbearing potential or unclear childbearing status, or</li> <li>• Pregnancy tests DO NOT need to be performed on women who cannot conceive.</li> </ul>
Type and Screen or Crossmatch	<ul style="list-style-type: none"> <li>• A blood screen (T&amp;S) should be done for any patient that has a reasonable probability for requiring blood intra-operatively, or</li> <li>• A blood type and crossmatch (T&amp;C) should be done for any patient that is expected to require an intra-operative transfusion.</li> </ul>

## Procedure Codes

Codes
80047, 80048, 80050, 80053, 81000, 81001, 81002, 81003, 81005, 81025, 84702, 84703, 85014, 85018, 85025, 85027, 85610, 85730, 86904, 86920, 87086, 87088

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### Policy Update History:

11/1/2022	New policy
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