



**BlueCross BlueShield
of Oklahoma**

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.

Laboratory Management Program

Policy Number: CPCP037

Version 1.0

Enterprise Clinical Payment and Coding Policy Committee Approval Date: 8/16/2021

Plan Effective Date: 12/1/2021

Description

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

Reimbursement Information:

The following list of medical policies contain lab management reimbursement language.

This list may not be all inclusive.

Medical Policy		Eff Date
MED209.001	Flow Cytometry	12/1/2021
MED209.002	Cervical Cancer Screening	12/1/2021
MED209.003	Vitamin D	12/1/2021
MED209.004	Hemoglobin A1c	12/1/2021
MED209.005	Prostate Biopsies	12/1/2021
MED209.006	Prostate Cancer Screening (Prostate Specific Antigen Testing)	12/1/2021
MED209.007	Preventive Screening in Adults	12/1/2021
MED209.008	Diagnostic Testing of Iron Homeostasis & Metabolism	12/1/2021
MED209.009	Hormonal Testing in Males	12/1/2021
MED209.010	Vitamin B12 and Methylmalonic Acid Testing	12/1/2021
MED209.011	ANA/ENA Testing	12/1/2021
MED209.012	Pre-Operative Testing	12/1/2021
MED209.013	Allergen Testing	12/1/2021
MED209.014	Prenatal Screening	12/1/2021
MED209.015	Hepatitis C	12/1/2021
MED209.016	Pediatric Preventive Screening	12/1/2021
MED209.017	Celiac Disease Testing	12/1/2021
MED209.018	Helicobacter Pylori Testing	12/1/2021
MED209.019	Thyroid Disease Testing	12/1/2021
MED209.020	Cardiovascular Disease Risk Assessment	12/1/2021
MED209.021	Bone Turnover Markers Testing	12/1/2021
MED209.022	Prenatal Screening for Fetal Aneuploidy	12/1/2021
MED209.023	Diagnosis of Idiopathic Environmental Intolerance	12/1/2021
MED209.024	Epithelial Cell Cytology in Breast Cancer Risk Assessment	12/1/2021
MED209.025	Fecal Analysis in the Diagnosis of Intestinal Dysbiosis	12/1/2021
MED209.026	Fecal Calprotectin Testing	12/1/2021
MED209.027	Testing for Diagnosis of Active or Latent Tuberculosis	12/1/2021
MED209.028	Immune Cell Function Assay	12/1/2021
MED209.029	Intracellular Micronutrient Analysis	12/1/2021
MED209.030	In Vitro Chemoresistance and Chemosensitivities Assays	12/1/2021

Medical Policy		Eff Date
MED209.031	Measurement of Thromboxane Metabolites for ASA Resistance	12/1/2021
MED209.032	Oral Screening Lesion Identification Systems and Genetic Screening	12/1/2021
MED209.033	Diagnostic Testing of Influenza	12/1/2021
MED209.034	Salivary Hormone Testing	12/1/2021
MED209.035	Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease	12/1/2021
MED209.036	Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases	12/1/2021
MED209.037	Serum Tumor Markers for Malignancies	12/1/2021
MED209.038	Urinary Tumor Markers for Bladder Cancer	12/1/2021
MED209.039	Vectra DA Blood Test for Rheumatoid Arthritis	12/1/2021
MED209.040	Molecular Testing for Chronic Heart Failure	12/1/2021
MED209.041	Erectile Dysfunction	12/1/2021
MED209.042	ZIKA Virus Risk Assessment	12/1/2021
MED209.043	Evaluation of Dry Eyes	12/1/2021
MED209.044	Lyme Disease	12/1/2021
MED209.045	Pathogen Panel Testing	12/1/2021
MED209.046	Cardiac Biomarkers for Myocardial Infarction	12/1/2021
MED209.047	Pancreatic Enzyme Testing for Acute Pancreatitis	12/1/2021
MED209.048	Folate Testing	12/1/2021
MED209.049	General Inflammation Testing	12/1/2021
MED209.050	Urine Culture Testing for Bacteria	12/1/2021
MED209.051	Diagnostic Testing of Common Sexually Transmitted Infections	12/1/2021
MED209.052	Testing for Mosquito- or Tick-Related Infections	12/1/2021
MED209.053	β -Hemolytic Streptococcus Testing	12/1/2021
MED209.054	Hormonal Testing in Females	12/1/2021
MED209.055	Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing	12/1/2021
MED209.056	Gamma-glutamyl Transferase	12/1/2021
Medical Policy		Eff Date

MED209.057	Coronavirus Testing in the Outpatient Setting	12/1/2021
MED209.058	Venous and Arterial Thrombosis Risk Testing	12/1/2021
MED209.059	Diagnosis of Vaginitis including Multi-target PCR Testing	12/1/2021
MED209.060	Genetic Testing for Adolescent Idiopathic Scoliosis	12/1/2021
MED209.061	Testing for Alpha-1 Antitrypsin Deficiency	12/1/2021
MED209.062	Transplant Rejection Testing	12/1/2021
MED209.063	Identification of Microorganisms using Nucleic Acid Probes	12/1/2021
MED209.064	Nerve Fiber Density Testing	12/1/2021
MED209.065	Plasma HIV-1 and HIV-2 RNA Quantification for HIV Infection	12/1/2021
MED209.066	DNA Ploidy Cell Cycle Analysis	12/1/2021
MED209.067	Testing of Homocysteine Metabolism-Related Conditions	12/1/2021
MED209.068	Onychomycosis Testing	12/1/2021
MED209.069	Immunohistochemistry	12/1/2021
MED209.070	Prescription Medication and Illicit Drug Testing in the Outpatient Setting	12/1/2021

The plan reserves the right to request supporting documentation. Claim(s) that do not adhere to coding and billing guidelines may result in a denial or reassigned payment rate. Claims may be reviewed on a case by case basis.

Policy Update History:

8/16/2021	New policy
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