

In-Office Stat Labs

Reimbursement Policy ID: RPC.0060.FLEX

Recent review date: 11/2024

Next review date: 11/2025

AmeriHealth Caritas Next reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Next may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

Policy Overview

This policy describes AmeriHealth Caritas Next reimbursement criteria for laboratory tests performed in a provider's office (POS 11).

Exceptions

N/A

Reimbursement Guidelines

AmeriHealth Caritas Next restricts reimbursement for in-office diagnostic laboratory testing with the expectation that most conditions addressed during face-to-face patient encounters do not warrant expedited lab results. However, if a provider determines the need for immediate lab results to manage an urgent or emergent condition, AmeriHealth Caritas Next will consider codes on the attached list (POS 11 Labs.pdf) for reimbursement when reported in place of service 11.

Definitions

N/A

Edit Sources

- I. Current Procedural Terminology (CPT).
- II. Healthcare Common Procedure Coding System (HCPCS).
- III. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10).
- IV. Centers for Medicare and Medicaid Services (CMS).
- V. The National Correct Coding Initiative (NCCI)
- VI. AmeriHealth Caritas Next Fee Schedule(s).

Attachments

See Appendix A

Associated Policies

RPC.0050.FLEX Laboratory and Pathology

Policy History

| | |
|---------|--|
| 03/2025 | Updated PDF to Appendix A |
| 11/2024 | Reimbursement Policy Committee Approval |
| 10/2024 | Annual review <ul style="list-style-type: none">Updated 2025 In-office stat LabsDxlist.pdf |
| 04/2024 | Revised preamble |
| 02/2024 | Reimbursement Policy Committee Approval |
| 08/2023 | Removal of policy implemented by AmeriHealth Caritas Next from Policy History section |
| 01/2023 | Template revised <ul style="list-style-type: none">Revised preambleRemoval of Applicable Claim Types tableCoding section renamed to Reimbursement GuidelinesAdded Associated Policies section |

Appendix A



In-Office Stat Lab Procedure Codes 2025

| | | |
|-------|-------|-------|
| 80353 | 82952 | 87802 |
| 80354 | 82962 | 87803 |
| 80355 | 83036 | 87804 |
| 80356 | 83037 | 87806 |
| 80357 | 83655 | 87807 |
| 80358 | 83986 | 87808 |
| 80359 | 83992 | 87811 |
| 80360 | 84132 | 87880 |
| 80361 | 84295 | 87905 |
| 80362 | 84703 | 88720 |
| 80363 | 84830 | 89220 |
| 80364 | 85013 | 0167U |
| 80365 | 85014 | 0202U |
| 80366 | 85018 | 0223U |
| 80367 | 85025 | 0224U |
| 80368 | 85027 | 0225U |
| 80369 | 85049 | 0226U |
| 80370 | 85610 | 0240U |
| 80371 | 85651 | 0241U |
| 80372 | 86308 | C9803 |
| 80373 | 86318 | G0480 |
| 80374 | 86328 | G0481 |
| 80375 | 86408 | G0659 |
| 80376 | 86409 | G2023 |
| 80377 | 86413 | G2024 |
| 81000 | 86580 | P9612 |
| 81001 | 86756 | P9615 |
| 81002 | 86769 | Q0111 |
| 81003 | 87070 | Q0112 |
| 81005 | 87168 | Q0113 |
| 81015 | 87169 | Q0114 |
| 81025 | 87172 | Q0115 |
| 82043 | 87205 | U0001 |
| 82044 | 87210 | U0002 |
| 82247 | 87220 | U0003 |
| 82248 | 87270 | U0004 |

| | | |
|-------|-------|-------|
| 82270 | 87301 | U0005 |
| 82271 | 87400 | |
| 82272 | 87426 | |
| 82465 | 87428 | |
| 82565 | 87430 | |
| 82570 | 87490 | |
| 82731 | 87491 | |
| 82947 | 87492 | |
| 82948 | 87635 | |
| 82950 | 87636 | |
| 82951 | 87637 | |