



Policies and Procedures

In-Office Laboratory Testing Payment **EFFECTIVE DATE January 1, 2021**

This policy does not and is not intended to detail all covered benefits offered by Bright HealthCare. In addition to the information included in this policy, Bright HealthCare reserves the right to apply its other standard coding and claims adjustment methodology to claims submitted by providers pursuant to this policy, including, without limitation, changes required or contemplated by the unique benefit design; standards required by law, regulation, or accreditation; industry standard reimbursement guidelines; and Bright HealthCare's provider manual. Providers must submit claims accurately to Bright HealthCare and ensure that such claims are properly coded for the treatment provided.

DEFINITIONS

1. **"Benefit Plan"** means a plan of health care benefits issued or administered by Bright Health under which Members receive coverage for Covered Services.
2. **"Commercial Benefit Plans"** means benefit plans issued or administered by Bright Health that are designed for purchase by individuals or groups and are not intended for government health programs such as Medicare, Medicaid, or the Children's Health Insurance Program.
3. **"Covered Services"** means medically necessary health care services and supplies for which a Member is entitled to coverage under a Benefit Plan.
4. **"CPT Codes"** are used to describe tests, surgeries, evaluations, and any other medical procedure performed by a healthcare provider on a patient.
5. **"Individual and Family Plans ("IFP")"** means individual and family plans offered as an Exchange Benefit Plans and Off-Exchange Benefit Plans
6. **"In-Office Laboratory"** means a laboratory procedural/diagnostic testing lab services performed in a physician's office, on an outpatient basis, with an abbreviated menu of tests outlined in this Policy.
7. **"Medicare Advantage (MA) Benefit Plans"** means benefit plans issued or administered by Bright HealthCare pursuant to the MA program.
8. **"Medicare Advantage"** (sometimes called Medicare Part C or MA) means a type of health insurance plan.
9. **"Medicare"** means the United States federal government health insurance program that subsidizes healthcare services.
10. **"Member"** means an individual who is enrolled in a Bright HealthCare plan and eligible to receive benefits for Covered Services under a Benefit Plan.
11. **"Network Laboratory"** means a participating laboratory in plan's network of laboratories that has a participation agreement in effect (either directly or indirectly) with Bright Health.



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12. **“Medically Necessary/Medical Necessity”** means health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.
13. **“Outpatient”** means a patient that receives medical treatment without being admitted to the hospital.
14. **“Program Requirements”** means Bright Health’s policies and procedures, protocols, payment and coding rules, and administrative requirements that establish the rules for Medical Group and Network Providers to participate in Bright Health’s network and carry out the terms of this Agreement, including without limitation rules related to claims submission, coding and billing, prior authorization, utilization review programs, referral to specialists, credentialing procedures, Bright Health’s quality improvement and accreditation programs, and risk adjustment and claims reconciliation programs.
15. **“Prior Authorization (“PA”)** means a process through which the physician or other health care Provider is required to obtain advance approval from the plan that payment will made for a service or item furnished to a Member. Unless specified otherwise with respect to an item or service, the Member is not responsible for obtaining (prior) authorization.
16. **“Provider”** means any participating or non-participating medical group, individual physician, or other healthcare service provider who is engaged in the delivery of health care services in a State and is licensed or certified by the State to engage in that activity in the State; and any entity that is engaged in the delivery of health care services in a State and is licensed or certified to deliver those services if such licensing or certification is required by State law or regulation.
17. **“Physician Office Laboratory”** means a physician office laboratory is a laboratory maintained by a physician or group of physicians for performing diagnostic tests in connection with the physician practice.
18. **“Small Group Plans”** means health insurance plans that are established under the ACA under which individuals obtain health insurance coverage (directly or through any arrangement) on behalf of themselves (and their dependents) through a group health plan maintained by a small employer that may be purchased through a broker directly or may be offered on the state or federal health insurance marketplaces. Group size is state-specific. Generally, a group requires under 50 full-time employees, except for a few states which require under 99 full-time employees.¹

¹ 45 CFR § 144.103



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PURPOSE

The goal of this policy is to provide Bright Health guidelines for payment of approved laboratory CPT codes, that are provided in an office setting. The provision of laboratory services payment at Bright Health is integral to providing quality clinical care for members. The use of “in-office” laboratory testing provides members with current, safe, accurate and affordable health care. Laboratory testing is completed for diagnostic purposes and to provide information for wellness initiatives when appropriate.

SCOPE

This policy and procedure apply to all Bright Health departments, staff, and delegates under contract with Bright Health to support Bright Health’s Commercial Plans, Individual and Family Plans (IFP), Small Group Plans (SG), and Medicare Advantage Plans (MA). This policy further applies to Bright Health Group, Inc. and all its affiliates, Providers, all Benefit Plans, and Bright Health members. This policy is a part of Bright Health’s Program Requirements.

Notwithstanding the foregoing, in the event that this policy conflicts with Centers for Medicare and Medicaid Services (CMS) Medicare Advantage Organization (MAO) guidance and requirements CMS/MAO guidelines will prevail for the Medicare Advantage Plans only.

Before applying this Policy, please refer to the Member Benefit Plan document and any federal or state mandates, if applicable. If there is a difference between this policy and the Member specific plan document, the Member benefit plan document will govern.

POLICY

Bright Health will consider reimbursement for certain laboratory services, on an outpatient basis, in a physician’s office according to its reimbursement policies, PA rules, and benefit guidelines. All other laboratory testing outside of the in-office laboratory testing must be performed at a participating lab according to Bright Health policies. Participating labs are found in the Bright Health Provider Directory.² Bright Health requires that each laboratory be accredited and maintain accreditation prior to consideration of reimbursement by a CLIA approved agency. Bright Health may conduct inspections of laboratories certificate of accreditation to ensure compliance with the CLIA program requirements.³

Bright Health follows its policies and Medicare processing guidelines. Medicare makes payment on laboratory services according to assignment and a fee schedule.⁴ In no event, will Bright Health’s reimbursement rate exceed the Provider’s contracted rate, 100% of the Original

² Bright Health Provider Directory <https://brighthousecare.com/search>

³ <https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA>

⁴ Medicare Claims Processing Manual <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c16.pdf>



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Medicare fee-for-service allowable rate, or Bright Health's Out of Network Payment Policy⁵ for emergency and authorized services. Pathologist are excluded from this Policy.

PROCEDURES

- I. The "In-Office Laboratory Testing and Procedure List" is a comprehensive list of laboratory testing and procedure codes for which Bright Health will consider payment to Providers when the service is performed in the physician's office. Please refer to Appendix A. Appendix A does not apply to Medicare Advantage plans. Medicare Advantage claim processing and payments will be in accordance with the CMS guidelines.⁶
- II. Medicare covers in-office laboratory services when:
 - A. The treating participating physician or a qualified non-physician practitioner orders the services;
 - B. Services are medically necessary; and
 - C. Services meet all Clinical Laboratory Improvement Amendments (CLIA) regulations⁷
- III. All other laboratory testing outside of the in-office laboratory testing must be performed at a Network laboratory according to Bright Health policies. Participating labs are found in the Bright Health Provider Directory.⁸
- IV. Laboratory services are subject to the terms, conditions, and limitations of the member's benefit structure.
- V. Bright Health Network or Reimbursement Policy Department is responsible for the maintenance, monitoring or implementation the policy.
- VI. Pathologist are excluded from this Policy.
- VII. **This policy will not take effect until October 1, 2021, for participating Providers.**

REFERENCES/CITATIONS

G.S. 58-3-255

EXHIBITS/ATTACHMENTS

APPENDIX A - In-Office Laboratory Testing and Procedures List

POLICY HISTORY

⁵ NET-018 Out of Network Payment Policy

⁶ [Medicare Claims Processing Manual \(cms.gov\)](#) See Section 50.2 Paragraph 3

⁷ CLIA Program and Medicare Laboratory Services
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network/MLN/MLNProducts/Downloads/CLIABrochure.pdf>

⁸ Bright Health Provider Directory <https://brighthouse.com/search>

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Initial Approval Date: June 16, 2021

Version 2, Approval Date: July 16, 2021

Version 3, Approval Date: October 28, 2021

Appendix A

In-Office Laboratory Testing and Procedures List Prior Authorization Requirements must be satisfied	
Code	Description
80305	Drug test prsmv dir opt obs
80306	Drug test prsmv instrmnt
81000	Urinalysis nonauto w/scope
81001	Urinalysis auto w/scope
81002	Urinalysis nonauto w/o scope
81003	Urinalysis auto w/o scope
81025	Urine pregnancy test
82043	Microalbumin quantitative
82044	Microalbumin semiquant
82247	Bilirubin total
82270	Occult blood feces
82271	Occult blood other sources
82272	Occult bld feces 1-3 tests
82670	Assay of estradiol
82803	Blood gases any combination
82947	Assay glucose blood quant
82948	Reagent strip/blood glucose
82962	Glucose blood test
83014	H pylori drug admin
83036	Glycosylated hemoglobin test
83037	Glycosylated hb home device
83516	Immunoassay nonantibody
83655	Assay of lead
83861	Microfluid analy tears
84443	Assay thyroid stim hormone
84703	Chorionic gonadotropin assay
85007	BI smear w/diff wbc count
85014	Hematocrit
85018	Hemoglobin
85025	Complete cbc w/auto diff wbc
85027	Complete cbc automated

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85060	Blood smear interpretation
85610	Prothrombin time
85651	Rbc sed rate nonautomated
86140	C-reactive protein
86308	Heterophile antibody screen
86403	Particle agglut antbdy scrn
86485	Skin Test Candida
86486	Skin Test Nos Antigen
86510	Histoplasmosis Skin Test
86580	Tb intradermal test
86701	Hiv-1 antibody
86702	Hiv-2 Antibody
86703	Hiv-1/hiv-2 1 result antbdy
87210	Smear wet mount saline/ink
87220	Tissue exam for fungi
87651	Strep a dna amp probe
87804	Influenza assay w/optic
87880	Strep a assay w/optic
88331	Path consult intraop 1 bloc
88332	Path Consult Intraop Addl
88738	Hgb quant transcutaneous
89060	Exam Synovial Fluid Crystals
89250	Cultr Oocyte/Embryo <4 Days
89254	Oocyte Identification
89255	Prepare Embryo For Transfer
89257	Sperm Identification
89260	Sperm Isolation Simple
89261	Sperm Isolation Complex
89264	Identify Sperm Tissue
89268	Insemination Of Oocytes
89272	Extended Culture Of Oocytes
89300	Semen Analysis W/Huhner
89310	Semen Analysis W/Count
89320	Semen Anal Vol/Count/Mot
89321	Semen Anal Sperm Detection
89322	Semen Anal Strict Criteria
89330	Evaluation Cervical Mucus
89352	Thawing Cryopresrvd Embryo

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COVID-19 Additions:

U0001	2019-ncov diagnostic p
U0002	Covid-19 lab test non-cdc
U0003	Cov-19 amp prb hgh thrupt
U0004	Cov-19 test non-cdc hgh thru
U0005	Infec agen detec ampli probe
0202U	Nfct ds 22 trgt sars-cov-2
0223U	Nfct ds 22 trgt sars-cov-2
0224U	Antibody sars-cov-2 titer(s)
0225U	Nfct ds dna&rna 21 sarscov2
0226U	Svnt sarscov2 elisa plsm srm
0240U	Nfct ds vir resp rna 3 trgt
0241U	Nfct ds vir resp rna 4 trgt
86318	Ia infectious agent antibody
86328	Ia nfct ab sarscov2 covid19
86408	Neutrlzg antb sarscov2 scr
86409	Neutrlzg antb sarscov2 titer
87635	Sars-cov-2 covid-19 amp prb
86769	Sars-cov-2 covid-19 antibody
87426	Sarscov coronavirus ag ia
87636	Sarscov2 & inf a&b amp prb
87637	Sarscov2&inf a&b&rsv amp prb
87811	Sars-cov-2 covid19 w/optic
87428	Sarscov & inf vir a&b ag ia
C9803	Hopd covid-19 spec collect
G2023	Specimen collect covid-19
G2024	Spec coll snf/lab covid-19