



Reimbursement Policy:

Laboratory/Venipuncture

(Commercial, Medicare & Medicaid)

POLICY NUMBER	EFFECTIVE DATE:	APPROVED BY
RP20240022	1/01/2025	RPC (Reimbursement Policy Committee)

Reimbursement Guideline Disclaimer: EmblemHealth has policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. EmblemHealth will inform you of new policies or changes in policies through updates to the Provider Manual and/or provider news. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in EmblemHealth's policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by EmblemHealth due to programming or other constraints; however, EmblemHealth strives to minimize these variations.

EmblemHealth follows coding edits that are based on industry sources, including, but not limited to; CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. EmblemHealth uses industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how EmblemHealth handles specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, EmblemHealth may deny the claim and/or recoup claim payment.

Overview:

This policy addresses the EmblemHealth's reimbursement policies pertaining to clinical laboratory and related laboratory services (e.g., venipuncture and the handling and conveyance of the specimen to the laboratory) for provider claims submitted on a CMS-1500, whether performed in a physician's office, a hospital laboratory, or an independent laboratory.

Note this policy does not address reimbursement for all laboratory codes. Coding relationships for laboratory topics not included within this policy are administered through EmblemHealth's administrative and reimbursement policies. All services described in this policy may be subject to additional reimbursement policies.

Note: EmblemHealth Medicaid plans only reimburse codes if they are found on the Medicaid fee schedules. Codes that are not included on the Medicaid fee schedule(s) will be denied.

If you are a physician, practitioner, or medical group, you may only bill for services that you or your staff perform. Pass-through billing is not permitted and may not be billed to our members. We only reimburse for laboratory services that you are certified to perform through the Federal Clinical Laboratory Improvement Amendments (CLIA). You must not bill our members for any laboratory services for which you lack the applicable CLIA certification.

To validate whether a test requires CLIA visit CMS/FDA websites.

Policy Statement:

Duplicate Laboratory Charges – Multiple Providers

Only one provider will be reimbursed when multiple providers bill identical services. EmblemHealth will reimburse the provider or entity that actually performed the test. Duplicate laboratory services are defined as identical or equivalent bundled laboratory codes.



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Note: For the purpose of this policy, CPT codes 82947 and 82948 are not considered to be equivalent codes:

- 82947 - Glucose; quantitative, blood (except reagent strip)
- 82948 - Glucose; blood, reagent strip

Pathologist and Physician Laboratory Providers

If a pathologist and another physician or other qualified health care professional's offices submit identical laboratory codes for the same patient on the same date of service, only the pathologist's service is reimbursable.

Place of Service

The Place of Service (POS) identifies where the laboratory service was performed. EmblemHealth uses the codes indicated in the Centers for Medicare and Medicaid Services (CMS) Place of Service Codes for Professional Claims Database to determine if laboratory services are reimbursable.

Examples:

- If the physician bills for lab services performed in his/her office, the POS code 11 for "Office" is reported.
- If an independent laboratory bills for a test on a sample drawn on an inpatient or outpatient of a hospital, the POS code 81 for "Independent Laboratory" is reported.

Laboratory Panels

Individual laboratory codes, which together make up a laboratory panel code, will be combined into and reimbursed as the more comprehensive laboratory panel code as described under the specific laboratory panel headings below.

EmblemHealth also considers an individual component code included in the more comprehensive panel code when reported on the same date of service by the same individual physician or other qualified health care professional. The Professional Edition of the CPT book, Organ or Disease-Oriented Panel section states: "Do not report two or more panel codes that include any of the same constituent tests performed from the same patient collection. If a group of tests overlaps two or more panels, report the panel that incorporates the greater number of tests to fulfill the code definition and report the remaining tests using individual test codes."

In addition, it is not appropriate for a laboratory panel to be split amongst multiple laboratories or office/laboratory settings. This is also considered unbundling of a laboratory panel. Laboratory panels that have been split billed, or unbundled are not reimbursable.

Venipuncture and Specimen Collection

Specimen collection fees are not reimbursed when billed by the same provider who is rendering blood or related laboratory services.



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Consistent with CMS, only one collection fee for each type of specimen per patient encounter, regardless of the number of specimens drawn, will be allowed. A collection fee will not be reimbursed to anyone who did not extract the specimen.

Venous blood collection by venipuncture and capillary blood specimen collection (CPT codes 36415 and 36416) will be reimbursed once per patient per date of service when reported by the Same Individual Physician or Other Qualified Health Care Professional. When CPT code 36416 is submitted with CPT code 36415, CPT code 36415 is the only venipuncture code considered eligible for reimbursement. No modifier overrides will exempt CPT code 36416 from bundling into CPT code 36415.

Consistent with CMS, EmblemHealth considers collection of a specimen from a completely implantable venous access device and from an established catheter (CPT codes 36591 and 36592) to be bundled into services assigned a CMS NPFS Status Indicator of A, R or T provided on the same date of service by the Same Individual Physician or Other Qualified Health Care Professional, for which payment is made. When CPT code 36591 is submitted with CPT code 36592, CPT code 36592 is the only venipuncture code considered eligible for reimbursement. No modifier overrides will exempt CPT code 36591 from bundling into CPT code 36592.

EmblemHealth considers venipuncture code S9529 (Routine venipuncture for collection of Specimen(s), single homebound, nursing home, or skilled nursing facility patient) a non-reimbursable service. The description for S9529 focuses on place of service for a service that is more precisely represented by CPT code 36415 and reported with the appropriate CMS place of service code.

Consistent with CMS, specimen collection HCPCS code G0471 is reimbursable only when a Specimen is collected from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency.

Laboratory Handling and Conveyance

CPT codes 99000 and 99001 and HCPCS codes H0048 and S3600 are included in the overall management of a patient and are not separately reimbursed when submitted with another code, or when submitted as the only code on a claim for the same date of service.

Code Q0091

HCPCS code Q0091 (screening Papanicolaou smear, obtaining, preparing, and conveyance of cervical or vaginal smear to laboratory) is eligible for reimbursement for Medicare beneficiaries only. For all other products it is considered to be part of the E/M and Pap smear codes and is not eligible for separate reimbursement.

Guidelines for Billing Units:

When submitting multiple units of one code, the guidelines are based on code descriptions:

- If the CPT or HCPCS code description contains "per" or "each" or another unit of measurement and multiple services are provided, providers should bill the code on one line with the appropriate number of units.
- If the code does not contain a measurement such as "per" or "each" in the description of the code, providers should report one unit for all services.
- If a CPT or HCPCS code description does not contain "per" or "each," and multiples of that service are provided, providers may bill the code on one line with multiple units, or with the appropriate repeat service modifier on separate lines:
 - The 76 modifier is used for repeat services
 - The 91 modifier is used for clinical diagnostic laboratory tests

Modifiers:**Technical/Professional Modifiers TC/26**

- Technical/Professional Component Billing identifies proper coding of professional, technical, and global procedures. Modifier 26 signifies the professional component of a procedure, and Modifier TC signifies the technical component.
- When the Centers for Medicare & Medicaid Services (CMS) National Physician Fee Schedule Relative Value File (NPFSSRVF) designates that modifier 26 is applicable to a procedure code (PC/TC indicator of 1 or 6), and the procedure (e.g., laboratory) has been reported by a professional provider with a facility place of service, the procedure code must be reported with modifier 26 or it will not be eligible for reimbursement.
- When the NPFSSRVF designates that the concept of a separate professional and technical component does not apply to a laboratory procedure (PC/TC indicator of 3 or 9), and a professional provider has reported the laboratory procedure code with a modifier 26 the laboratory procedure code will not be eligible for reimbursement. When a laboratory procedure with a PC/TC indicator of 3 or 9 is reported by a professional provider with a facility place of service, the laboratory procedure code will not be eligible for reimbursement since, in this case, the facility will bill for performing the laboratory procedure.
- A global laboratory procedure code includes reimbursement for both the professional and technical components.
 - When both components are performed by the same provider, the appropriate code must be reported without the 26/TC modifiers.
 - When a provider has reported a global procedure and also reported the same procedure with a professional (26) or technical component (TC) modifier on a different line or claim, the procedure reported with the 26 or TC modifier will not be eligible for reimbursement.
 - When a professional provider bills the global code (no modifiers) with a facility place of service, the code will not be eligible for reimbursement.



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- CPT instructions state that modifier 59 should not be used when a more descriptive modifier is available. CMS guidelines cite that the –X {EPSU} modifiers are more selective versions of modifier 59 so it would be incorrect to include both modifiers on the same line. According to CMS and CPT coding guidelines, modifier 59, XE, XP, XS, or XU may be used when the same laboratory services are performed for the same patient on the same day. EmblemHealth will reimburse laboratory services reported with modifier 59, XE, XP, XS, or XU for different species or strains, as well as Specimens from distinctly separate anatomic sites.

Codes:

Separate Reimbursement will not be provided for the following services when performed by a nurse other ancillary staff:

CPT Codes	Description
36591	Collection of blood specimen from a completely implantable venous access device
36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified

Separate Reimbursement will not be provided for the following:

CPT Codes	Description
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory
99001	Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory (distance may be indicated)
99002	Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed and are to be fitted and adjusted by the attending physician or other qualified health care professional
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory (<i>eligible for reimbursement for Medicare beneficiaries only</i>)
S3600	Stat laboratory request (situations other than S3601)



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Reimbursement Guidelines for Respiratory Viral Panel Testing:

Consistent with the Centers for Medicare and Medicaid Services (CMS) Local Coverage Determinations (LCDs), EmblemHealth considers Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels, any testing with 6 or more targets (pathogens) as not medically necessary; therefore, these will not be considered for reimbursement.

EmblemHealth will consider reimbursement for **only 87631**.

Respiratory virus testing performed in any other facility place of service is considered for reimbursement when submitted with a CPT or HCPCS code(s) other than 87632, 87633 or 0202U.

CPT Codes	Description
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected

Reimbursement Guidelines for 85060:

Consistent with CMS guidelines, EmblemHealth will not reimburse Professional Component (PC)/Technical Component (TC) Indicator "8" interpretation CPT code 85060 (Blood smear, peripheral, interpretation by physician with written report) when furnished to non-hospital patients or hospital outpatients. The physician interpretation is reimbursed through the clinical laboratory fee schedule payment for the clinical laboratory test. Separate reimbursement will be considered if the physician interprets an abnormal smear for a hospital inpatient.



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CLIA (Clinical Laboratory Improvement Amendment) ID Requirement:

The Centers for Medicare & Medicaid Services (CMS) regulates all laboratory testing (except research) performed on humans in the U.S. through CLIA. Congress passed CLIA in 1988 to establish quality standards, strengthen Federal oversight of clinical laboratories, and ensure the accuracy and reliability of patient test results.

CLIA applies to all laboratories that examine “materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings.” (42 U.S.C. § 263a(a)).

CLIA mandates nearly all laboratories, including those in physician offices, must meet applicable Federal requirements and have a current CLIA certificate. CLIA applies to all entities providing clinical laboratory services including those that do not file Medicare test claims.

For purposes of this policy, a valid CLIA Certificate Identification number will be required for reimbursement of clinical laboratory services reported on a1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent.

Any claim that does not contain the CLIA ID, invalid ID, and/or the complete servicing provider demographic information will be considered incomplete and rejected or denied. Claim line edits will also be applied if the lab certification level does not support the billed service code.

Laboratory service providers who do not meet the reporting requirements and/or do not have the appropriate level of CLIA certification for the services reported will not be reimbursed.

Additional information regarding CLIA, applying for or renewing a certificate, or regarding assigned test complexity levels can be found at the following website.

[Clinical Laboratory Amendments \(CLIA\) Website](#)

Reporting CLIA ID Number on a claim:

Report the billing laboratory's CLIA ID number in:

- Loop 2300, REF02, REF01=X4 for all CLIA-covered laboratory tests submitted on the claim

Laboratory service providers who do not meet the reporting requirements and/or do not have the appropriate level of CLIA certification for the services reported will not be reimbursed.

Note: EmblemHealth Medicaid plans only reimburse codes if they are found on the Medicaid fee schedules. Codes that are not included on the Medicaid fee schedule(s) will be denied.



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Laboratory Tests Requiring CLIA Certification of compliance or accreditation:

17311	17312	17313	17314	17315	78110	78111	78120	78121	78122	78130	78191
80050	80055	80074	80076	80081	80143	80145	80150	80151	80155	80156	80157
80158	80159	80161	80162	80163	80164	80165	80167	80168	80169	80170	80171
80173	80175	80176	80177	80179	80180	80181	80183	80184	80185	80186	80187
80188	80189	80190	80192	80193	80194	80195	80197	80198	80199	80200	80201
80202	80203	80204	80210	80230	80235	80280	80285	80299	80306	80307	80320
80321	80322	80323	80324	80325	80326	80327	80328	80329	80330	80331	80332
80333	80334	80335	80336	80337	80338	80339	80340	80341	80342	80343	80344
80345	80346	80347	80348	80349	80350	80351	80352	80353	80354	80355	80356
80357	80358	80359	80360	80361	80362	80363	80364	80365	80366	80367	80368
80369	80370	80371	80372	80373	80374	80375	80376	80377	80400	80402	80406
80408	80410	80412	80414	80415	80416	80417	80418	80420	80422	80424	80426
80428	80430	80432	80434	80435	80436	80438	80439	81005	81099	81105	81106
81107	81108	81109	81110	81111	81112	81120	81121	81161	81162	81163	81164
81165	81166	81167	81168	81170	81171	81172	81173	81174	81175	81176	81177
81178	81179	81180	81181	81182	81183	81184	81185	81186	81187	81188	81189
81190	81191	81192	81193	81194	81200	81201	81202	81203	81204	81205	81206
81207	81208	81209	81210	81212	81215	81216	81217	81218	81219	81220	81221
81222	81223	81224	81225	81226	81227	81228	81229	81230	81231	81232	81233
81234	81235	81236	81237	81238	81239	81240	81241	81242	81243	81244	81245
81246	81247	81248	81249	81250	81251	81252	81253	81254	81255	81256	81257
81258	81259	81260	81261	81262	81263	81264	81265	81266	81267	81268	81269
81270	81271	81272	81273	81274	81275	81276	81277	81278	81279	81283	81284
81285	81286	81287	81288	81289	81290	81291	81292	81293	81294	81295	81296
81297	81298	81299	81300	81301	81302	81303	81304	81305	81306	81307	81308
81309	81310	81311	81312	81313	81314	81315	81316	81317	81318	81319	81320
81321	81322	81323	81324	81325	81326	81327	81328	81329	81330	81331	81332
81333	81334	81335	81336	81337	81338	81339	81340	81341	81342	81343	81344
81345	81346	81347	81348	81350	81351	81352	81353	81355	81357	81360	81361
81362	81363	81364	81370	81371	81372	81373	81374	81375	81376	81377	81378
81379	81380	81381	81382	81383	81400	81401	81402	81403	81404	81405	81406
81407	81408	81410	81411	81412	81413	81414	81415	81416	81417	81419	81420
81422	81425	81426	81427	81430	81431	81432	81434	81435	81437	81439	81440



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Laboratory Tests Requiring CLIA Certification of compliance or accreditation:

81442	81443	81445	81448	81450	81455	81457	81458	81459	81460	81462	81463
81464	81465	81470	81471	81479	81490	81493	81500	81503	81504	81506	81507
81508	81509	81510	81511	81512	81513	81517	81518	81519	81520	81521	81522
81525	81528	81529	81535	81536	81538	81539	81540	81541	81542	81546	81551
81552	81554	81595	81596	81599	82009	82013	82016	82017	82024	82030	82042
82045	82077	82085	82088	82103	82104	82105	82106	82107	82108	82127	82128
82131	82135	82136	82139	82140	82143	82157	82160	82163	82164	82166	82172
82175	82180	82190	82232	82233	82234	82239	82240	82248	82252	82261	82286
82300	82306	82308	82331	82340	82355	82360	82365	82370	82373	82375	82376
82378	82379	82380	82382	82383	82384	82387	82390	82397	82415	82436	82438
82441	82480	82482	82485	82495	82507	82525	82528	82530	82533	82540	82542
82552	82553	82554	82575	82585	82595	82600	82607	82608	82610	82615	82626
82627	82633	82634	82638	82642	82652	82656	82657	82658	82664	82668	82670
82671	82672	82677	82679	82681	82693	82696	82705	82710	82715	82725	82726
82728	82731	82735	82746	82747	82757	82759	82760	82775	82776	82777	82784
82785	82787	82800	82803	82805	82810	82820	82930	82938	82941	82943	82945
82946	82948	82955	82960	82963	82965	82978	82979	83003	83006	83009	83010
83012	83015	83018	83020	83021	83030	83033	83045	83050	83051	83060	83065
83068	83069	83070	83080	83088	83090	83150	83491	83497	83498	83500	83505
83518	83519	83520	83525	83527	83528	83540	83550	83570	83582	83586	83593
83615	83625	83630	83631	83632	83633	83661	83662	83663	83664	83670	83690
83695	83698	83700	83701	83704	83719	83722	83727	83735	83775	83785	83789
83825	83835	83857	83864	83872	83873	83874	83876	83883	83884	83885	83915
83916	83918	83919	83921	83930	83935	83937	83945	83950	83951	83970	83992
83993	84030	84035	84060	84066	84078	84080	84081	84085	84087	84100	84105
84106	84110	84112	84119	84120	84126	84133	84134	84135	84138	84140	84143
84144	84145	84146	84150	84152	84153	84154	84156	84157	84160	84163	84165
84166	84181	84182	84202	84203	84206	84207	84210	84220	84228	84233	84234
84235	84238	84244	84252	84255	84260	84270	84275	84285	84300	84302	84305
84307	84311	84315	84375	84376	84377	84378	84379	84392	84393	84394	84402
84403	84410	84425	84430	84431	84432	84436	84437	84439	84442	84445	84446
84449	84466	84479	84480	84481	84482	84484	84485	84488	84490	84510	84512
84525	84540	84545	84560	84577	84578	84580	84583	84585	84586	84588	84590



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84591	84597	84600	84620	84630	84681	84702	84704	84999	85002	85004	85007
85008	85009	85027	85032	85041	85044	85045	85046	85048	85049	85055	85060
85097	85130	85170	85175	85210	85220	85230	85240	85244	85245	85246	85247
85250	85260	85270	85280	85290	85291	85292	85293	85300	85301	85302	85303
85305	85306	85307	85335	85337	85345	85347	85348	85360	85362	85366	85370
85378	85379	85380	85384	85385	85390	85396	85397	85400	85410	85415	85420
85421	85441	85445	85460	85461	85475	85520	85525	85530	85536	85540	85547
85549	85555	85557	85597	85598	85611	85612	85613	85635	85652	85660	85670
85675	85705	85730	85732	85810	85999	86000	86001	86003	86005	86008	86021
86022	86023	86038	86039	86041	86042	86043	86060	86063	86140	86141	86146
86147	86148	86152	86153	86155	86156	86157	86160	86161	86162	86171	86200
86215	86225	86226	86235	86255	86256	86277	86280	86300	86301	86304	86305
86309	86310	86316	86317	86320	86325	86328	86329	86331	86332	86334	86335
86336	86337	86340	86341	86343	86344	86352	86353	86355	86356	86357	86359
86360	86361	86366	86367	86376	86382	86384	86403	86406	86408	86409	86413
86430	86431	86480	86481	86581	86590	86592	86593	86602	86603	86606	86609
86611	86612	86615	86617	86619	86622	86625	86628	86631	86632	86635	86638
86641	86644	86645	86648	86651	86652	86653	86654	86658	86663	86664	86665
86666	86668	86671	86674	86677	86682	86684	86687	86688	86689	86692	86694
86695	86696	86698	86702	86703	86704	86705	86706	86707	86708	86709	86710
86711	86713	86717	86720	86723	86727	86732	86735	86738	86741	86744	86747
86750	86753	86756	86757	86759	86762	86765	86768	86771	86774	86777	86778
86784	86787	86788	86789	86790	86793	86794	86800	86804	86805	86806	86807
86808	86812	86813	86816	86817	86821	86825	86826	86828	86829	86830	86831
86832	86833	86834	86835	86849	86850	86860	86870	86880	86885	86886	86890
86900	86901	86902	86904	86905	86906	86920	86921	86922	86940	86941	86970
86971	86972	86975	86976	86977	86978	87003	87015	87040	87045	87046	87070
87071	87073	87075	87076	87081	87084	87086	87088	87101	87102	87103	87106
87107	87109	87110	87116	87118	87140	87143	87147	87149	87150	87152	87153
87158	87164	87166	87168	87169	87172	87176	87177	87181	87184	87185	87186
87187	87188	87190	87197	87205	87206	87207	87209	87220	87230	87250	87252
87253	87254	87255	87260	87265	87267	87269	87270	87271	87272	87273	87274
87275	87276	87278	87279	87280	87281	87283	87285	87290	87299	87300	87301



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(Commercial, Medicare & Medicaid)

Laboratory Tests Requiring CLIA Certification of compliance or accreditation:

87305	87320	87324	87327	87328	87329	87332	87335	87336	87337	87339	87340
87341	87350	87380	87385	87389	87390	87391	87425	87427	87451	87471	87472
87475	87476	87480	87481	87482	87483	87485	87486	87487	87490	87492	87493
87495	87496	87497	87498	87500	87501	87503	87505	87506	87507	87510	87511
87512	87513	87516	87517	87520	87522	87523	87525	87526	87527	87528	87529
87530	87531	87532	87533	87534	87535	87536	87537	87538	87539	87540	87541
87542	87550	87551	87552	87555	87556	87557	87560	87561	87562	87564	87580
87581	87582	87590	87592	87594	87623	87624	87625	87626	87640	87641	87650
87652	87653	87660	87661	87662	87797	87798	87799	87800	87802	87803	87810
87811	87850	87901	87902	87903	87904	87906	87910	87912	87999	88104	88106
88108	88112	88120	88121	88130	88140	88141	88142	88143	88147	88148	88150
88152	88153	88155	88160	88161	88162	88164	88165	88166	88167	88172	88173
88174	88175	88177	88182	88184	88185	88187	88188	88189	88199	88230	88233
88235	88237	88239	88245	88248	88249	88261	88262	88263	88264	88267	88269
88271	88272	88273	88274	88275	88280	88283	88285	88289	88291	88299	88300
88302	88304	88305	88307	88309	88311	88312	88313	88314	88319	88321	88323
88325	88331	88332	88333	88334	88341	88342	88344	88346	88348	88350	88355
88356	88358	88360	88361	88362	88363	88364	88365	88366	88367	88368	88369
88371	88372	88373	88374	88375	88377	88380	88381	88387	88399	89050	89051
89060	89125	89160	89230	89240	89310	89320	89322	89325	89329	89330	89331
0001U	0002U	0003U	0005U	0007U	0008U	0009M	0009U	0010U	0011M	0011U	0012M
0012U	0013M	0013U	0014M	0014U	0015M	0016M	0018U	0019U	0020U	0021U	0022U
0023U	0024U	0025U	0026U	0027U	0028U	0029U	0030U	0031U	0032U	0033U	0034U
0035U	0036U	0037U	0038U	0039U	0040U	0041U	0042U	0043U	0044U	0045U	0046U
0047U	0048U	0049U	0050U	0051U	0052U	0053U	0054U	0055U	0056U	0058U	0059U
0060U	0062U	0063U	0064U	0065U	0067U	0068U	0069U	0070U	0071U	0072U	0073U
0074U	0075U	0076U	0077U	0078U	0080U	0082U	0083U	0105U	0107U	0108U	0109U
0110U	0111U	0112U	0113U	0114U	0115U	0116U	0117U	0118U	0119U	0120U	0121U
0122U	0123U	0129U	0130U	0131U	0132U	0133U	0134U	0135U	0136U	0137U	0138U
0139U	0140U	0141U	0142U	0143U	0144U	0145U	0146U	0147U	0148U	0149U	0150U
0151U	0152U	0153U	0154U	0155U	0157U	0158U	0159U	0160U	0161U	0162U	0163U
0164U	0165U	0166U	0167U	0168U	0169U	0170U	0171U	0172U	0173U	0174U	0175U
0176U	0177U	0178U	0179U	0180U	0181U	0182U	0183U	0184U	0185U	0186U	0187U



Reimbursement Policy:

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(Commercial, Medicare & Medicaid)

Laboratory Tests Requiring CLIA Certification of compliance or accreditation:

0188U	0189U	0190U	0191U	0192U	0193U	0194U	0195U	0196U	0197U	0198U	0199U
0200U	0201U	0203U	0204U	0205U	0206U	0207U	0208U	0209U	0210U	0211U	0212U
0213U	0214U	0215U	0216U	0217U	0218U	0219U	0220U	0221U	0222U	0227U	0228U
0229U	0230U	0231U	0232U	0233U	0234U	0235U	0236U	0237U	0238U	0239U	0261U
0356U	0359U	0392U	0402U	0404U	0415U	0419U	0420U	0421U	0422U	0423U	0424U
0425U	0426U	0427U	0428U	0429U	0430U	0431U	0432U	0433U	0434U	0435U	0436U
0437U	0438U	0455U	0521U	0523U	0529U	0530U	0537U	0540U	0552U	0553U	0554U
0555U	0562U	0567U	0569U	0571U	0582U	0583U	0585U	0592U	G0103	G0123	G0124
G0141	G0143	G0144	G0145	G0147	G0148	G0306	G0307	G0327	G0416	G0432	G0435
G0476	G0480	G0481	G0482	G0483	G0499	G0659	P3000	P3001	P7001		

CLIA Waived Tests:

CLIA waived tests listed in the table below are laboratory testing/procedure codes that EmblemHealth will consider for reimbursement to its network physicians when performed in their office. This list represents the only laboratory testing/procedures that EmblemHealth network physicians may provide in their offices. All other laboratory testing/procedures must be performed by one of the participating laboratories in EmblemHealth's network.

Modifier QW must be appended to any CLIA waived tests when any applicable laboratory service is reported.

EmblemHealth will reimburse the CPT Codes listed below when performed in a physician's office. The CPT Codes below are for laboratory tests allowed with a CLIA Waiver (exempt from CLIA) and do not require a certificate of accreditation or compliance.

CLIA Waived											
80047	80048	80051	80053	80061	80069	80178	80305	81000	81001	81002	81003
81007	81015	81020	81025	81050	81514	81515	82010	82040	82043	82044	82120
82150	82247	82270	82271	82272	82274	82310	82330	82374	82435	82465	82523
82550	82565	82570	82679	82947	82950	82951	82952	82962	82977	82985	83001
83002	83026	83036	83037	83516	83605	83655	83718	83721	83861	83880	83986
84075	84132	84155	84295	84443	84450	84460	84478	84520	84550	84703	84830
85013	85014	85018	85025	85576	85610	85651	86294	86308	86318	86386	86580
86618	86701	86769	86780	86803	87077	87210	87338	87389	87400	87420	87430
87426	87428	87449	87491	87502	87521	87563	87591	87631	87634	87635	87636



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CLIA Waived											
87637	87651	87801	87804	87806	87807	87808	87809	87811	87880	87899	87905
88720	89220	89250	89251	89253	89254	89255	89257	89258	89259	89260	89261
89264	89268	89272	89280	89281	89291	89300	89321	89335	89337	89342	89343
89344	89346	89352	89353	89354	89356	92977	0563U	0564U	G0328	G0433	G0472
G0475 **	G0567	U0002									

Note: ** This code is acceptable for Medicare Plans only; please submit with appropriate CPT code for Commercial Plans

Laboratory Modifiers

Modifier	Description
90	- Reference (outside) laboratory. Modifier 90 indicates pass through billing for a service that was not performed by the billing provider. - EmblemHealth will only reimburse providers for procedures that are performed by the same provider. - EmblemHealth does not reimburse modifier 90
91	- Modifier 91 is appropriate when the repeat laboratory service is performed by a different individual in the same group with the same Federal Tax Identification number. - According to CMS and CPT guidelines, Modifier 91 is appropriate when, during the course of treatment, it is necessary to repeat the same laboratory test for the same patient on the same day to obtain subsequent test results, such as when repeated blood tests are required at different intervals during the same day
92	- Alternative Laboratory Platform Testing. When laboratory testing is being performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, the service may be identified by adding modifier 92 to the usual laboratory procedure code (HIV testing 86701-86703, and 87389). - The test does not require permanent dedicated space; hence by its design it may be hand carried or transported to the vicinity of the patient for immediate testing at that site, although location of the testing is not in itself determinative of the use of this modifier.
QW	CLIA Waived Test



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Ordering MD Claim Requirements:

EmblemHealth may pend or deny your claim if you do not list the ordering provider. Diagnostic claims such as labs and/or radiology must include the ordering physician's name and NPI as well as TIN.

Definitions:

Term	Definition
CLIA (Clinical Laboratory Improvement Amendments)	The Centers for Medicare & Medicaid Services (CMS) regulates all laboratory testing (except research) performed on humans in the U.S. through the Clinical Laboratory Improvement Amendments (CLIA). In total, CLIA covers approximately 251,000 laboratory entities. The Division of Laboratory Services, within the Survey and Certification Group, under the Center for Clinical Standards and Quality (CCSQ) has the responsibility for implementing the CLIA Program. More information is available at: Clinical Laboratory Amendments (CLIA) Website
CLIA Waived Test	As defined by CLIA, waived tests are categorized as "simple laboratory examinations and procedures that have an insignificant risk of an erroneous result." https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/waivetbl.pdf
Venipuncture	Venipuncture is the process of withdrawing a sample of blood for the purpose of analysis or testing. There are several different methods for the collection of a blood sample. The most common method and site of venipuncture is the insertion of a needle into the cubital vein of the anterior forearm at the elbow fold.
Multiple Component Blood Tests/Panels	The first entry in the Pathology and Laboratory Section of the Current Procedural Terminology (CPT®) codebook is labeled "Organ or Disease Oriented Panels." Under the code for each blood panel is an inclusive list of each component code which when grouped together comprise the entire blood panel. CPT indicates that these panels were developed for coding purposes only.
Duplicate Laboratory Service	Identical or equivalent bundled laboratory Component Codes, submitted for the same patient on the same date of service on separate claim lines or on different claims regardless of the assigned Maximum Frequency per Day (MFD) value.
Non-Reference Laboratory Provider	A physician reporting laboratory procedures performed in their office or a pathologist.
Physician Office Laboratory	A laboratory maintained by a physician or group of physicians for performing diagnostic tests in connection with the physician practice.

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Term	Definition
Independent Laboratory	An Independent Laboratory is one that is independent both of an attending or consulting physician's office and of a hospital that meets at least the requirements to qualify as an emergency hospital. An Independent Laboratory must meet Federal and State requirements for certification and proficiency testing under the Clinical Laboratories Improvement Act (CLIA). Independent Laboratory providers must append modifier 90 to all reported laboratory services.
Reference Laboratory	A Reference Laboratory that receives a Specimen from another, Referring Laboratory for testing and that actually performs the test is often referred to as an Independent Laboratory. Reference Laboratory providers must append modifier 90 to all reported laboratory services.
Referring Laboratory	A Referring Laboratory is one that receives a specimen to be tested and that refers the specimen to another laboratory for performance of the laboratory test. Referring Laboratory providers must append modifier 90 to all reported laboratory services.
Specimen	Tissue or tissues that is (are) submitted for individual and separate attention, requiring individual examination and pathological diagnosis. Two or more such Specimens from the same patient (eg, separately identifiable endoscopic biopsies, skin lesions) are each appropriately assigned an individual code reflective of its proper level of service.
Date of Service	The date of service (DOS) on a claim for a laboratory test is the date the Specimen was collected and if collected over 2 calendar days, the DOS is the date the collection ended.

References

1. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=58741&ver=9>
2. <https://www.cms.gov/files/document/mm11640.pdf>
3. <https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/SubjecttoCLIA.pdf>
4. <https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index>
5. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CLIABrochure.pdf>
6. <https://www.cms.gov/files/document/mm12131.pdf>
7. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2119CP.pdf>
8. <https://www.cms.gov/files/document/mm12093.pdf>
9. <https://www.cms.gov/files/document/mm13546-new-waived-tests.pdf>
10. <https://www.cms.gov/files/document/mm13757-new-waived-tests.pdf>
11. <https://www.cms.gov/files/document/mm13858-new-waived-tests.pdf>

Reimbursement Policy:
Laboratory/Venipuncture
(Commercial, Medicare & Medicaid)
Revision history

DATE	REVISION
11/3/2025	- Updated policy with the following: ➤ Require CLIA Certification table: - Added new codes 0582U, 0583U, 0585U, 0592U effective 10/1/2025
7/25/2025	- Updated policy with the following: ➤ Require CLIA Certification table: - Added new codes 0552U, 0553U, 0554U, 0555U, 0562U, 0567U, 0569U, 0571U effective 7/1/2025 - Removed 87563, 87491, 87591 effective 1/16/2025 ➤ CLIA Waived table: - Added G0567 effective 6/27/2024 - Added 87563, 87491, 87591 effective 1/16/2025 - Added new codes 0563U and 0564U effective 7/1/2025 - Removed deleted codes 0240U and 0241U effective 7/1/2025 ➤ Updated section entitled "Reimbursement Guidelines for 87631-87633" to "Reimbursement Guidelines for Respiratory Viral Panel Testing"
1/20/2025	- Updated policy with the following, effective 1/1/2025: ➤ Require CLIA Certification table: - Added new codes 0523U, 0529U, 0530U, 82233, 82234, 83884, 84393, 84394, 86581, 87513, 87564, 87594, 87626 - Removed deleted codes 81433, 81436, 81438, 86327, 88388 ➤ CLIA Waived table: - Added new code 81515 - Removed deleted code 0352U
11/22/2024	New Policy replacing previous Lab/Venipuncture policy in-office testing by provider specialty criteria effective 1/01/2025 - Updated policy to include CLIA Requirement - Updated content to include CLIA Lab Codes; CLIA waived codes and those requiring CLIA certification