

Scope of this structured design:

California Medicaid (Medi-Cal) Professional Independent Laboratory Diagnosis Code Requirements

Medi-Cal (California Medicaid)
Pathology: Billing and Modifiers
Page updated: August 2020
This section includes information about the billing and reimbursement of pathology services.
Note: Only a provider with a Clinical Laboratory Improvement Amendments (CLIA) certificate and state license or registration appropriate to the level of tests performed may be reimbursed for clinical laboratory tests or examinations. Additional information and links to websites regarding licensing requirements are provided below.

Diagnosis Code Requirement
All claims for clinical laboratory tests or examinations (CPT® 80000 series codes) require an ICD-10-CM diagnosis code.
Providers may not submit the following non-specific diagnosis codes when ordering billing for laboratory procedures:
Z00.00, Z00.5, Z00.6, Z00.8, Z01.00, Z01.10, Z01.89, Z02.1, Z02.3

The exceptions are:
• CPT codes 86701 thru 86703. CPT codes 87389; 87390 and 87806 for HIV testing. CPT code 81528 for colorectal cancer screening and HCPCS code G0499 for hepatitis B screening may be billed with any ICD-10-CM diagnosis code.
• CPT codes 86803 and 86804 may be billed with any ICD-10-CM code.

Non-specific Diagnosis Code list	Procedure Code exceptions List:
Z00.00	86701 - 86703
Z00.5	87389
Z00.6	87390
Z00.8	87806
Z01.00	81528
Z01.10	G0499
Z01.89	86803
Z02.1	86804
Z02.3	

Acronyms:
CLUE = Claim line under evaluation
CUE = Claim under evaluation

ASSUMPTIONS:
Patient is eligible for Medi-cal
Patient is not dual eligible (Medicaid is primary insurance)

Valid Insight Tags for this Sample:

Not Applicable -This applies to "pre-requisite" nodes that eliminate claims that do not qualify for evaluation by the insight engine. For example, if an Insight Engine is specific to DME, then a pre-requisite node might say "Does the claim line have a procedure code that is in the DME table", if "No" then the insight might be "Not Applicable; This claim line is not for DME"

Claim Not Payable- If a node answer results in the rejection of an **entire claim** based on the policy interpretation, then this insight tag must precede the information

Claim Line Not Payable-If a node answer results in the rejection of the **claim line under evaluation** based on the policy interpretation, then this insight tag must precede the information

Claim Line Valid- Many insights within an insight engine do not find any issues with a claim or claim line. In these cases, this insight tag should be used, followed by the reason. For example, "Claim Line Valid; Modifier 59 override allows payment."

