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Laboratory Panels and Components

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DESCRIPTION:

Organ and disease-oriented panels are defined in the Pathology and Laboratory section of the Current Procedural Terminology (CPT®) Manual. These panels were developed for coding purposes and are listed with the defined components of each panel. This policy describes Florida Blue's reimbursement methodology for laboratory panel procedures and the individual component procedures.

This policy applies to billing for services on a CMS-1500 or equivalent claim form. Same provider for the purposes of this policy includes all physicians and/or other health care professionals reporting under the same Federal Tax Identification number.

REIMBURSEMENT INFORMATION:

When Florida Blue receives a claim for all of the individual laboratory procedures in a panel, those components will be bundled, and reimbursement will be based upon the appropriate panel code.

Florida Blue also considers an individual component code included in the reimbursement for the comprehensive panel code when reported on the same date of service by the same provider. CPT® guidelines also state, "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, for reimbursement purposes, Florida Blue will bundle the individual component codes into the appropriate comprehensive panel code when the combined reimbursement for the individual component codes exceeds the reimbursement for the panel code. Panels and components for these codes are identified below.

The date of service on a claim for a laboratory test is the date the specimen was collected.

According to the Centers for Medicare & Medicaid Services (CMS) and CPT® guidelines, modifier 91 is appropriate when, in the course of treatment, it is necessary to repeat the same laboratory test for the same patient on the same day to obtain subsequent (multiple) test results. This modifier must not be used to report repeat laboratory testing due to laboratory errors, quality control, or confirmation of results.

The use of modifier 76 or 77 to indicate repeat laboratory services is inappropriate.

The place of service code (POS) for all laboratory services should reflect the location where the laboratory specimen was collected, regardless of whether a global, technical, or professional component of the service is being billed. For example:

- If the specimen is obtained in an independent laboratory or reference laboratory, POS 81 is reported.
- If the specimen is obtained in a facility setting, the appropriate facility POS is reported [e.g., POS 21 (inpatient hospital) or POS 22 (outpatient hospital)].
- If the specimen is obtained in an office/clinic or other non-facility setting, the appropriate non-facility POS is reported [e.g., POS 11 (office)].
- If the specimen is obtained in a laboratory setting maintained by another physician or other qualified health care professional in their office/clinic, POS code 99 for “Other Place of Service” is reported.

BILLING/CODING INFORMATION:

The following codes may be used to describe comprehensive Organ or Disease-Oriented Laboratory Panels and their components.

CPT® Coding

80047	Basic metabolic panel (Calcium, ionized)
	Components:
82330	Calcium, ionized
82374	Carbon dioxide (bicarbonate)
82435	Chloride
82565	Creatinine
82947	Glucose
84132	Potassium
84295	Sodium
84520	Urea Nitrogen (BUN)

80048	Basic metabolic panel (Calcium, total)
	Components:
82310	Calcium, total
82374	Carbon dioxide (bicarbonate)
82435	Chloride
82565	Creatinine

82947	Glucose
84132	Potassium
84295	Sodium
84520	Urea Nitrogen (BUN)

80050	General health panel
	Components:
80053	Comprehensive metabolic panel
84443	Thyroid stimulating hormone (TSH)
	Plus, one of the following CBC or combination of CBC components:
85025	Blood count; complete (CBC) automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC count
85027 + 85004	Blood count; complete (CBC) automated (Hgb, Hct, RBC, WBC and platelet count) AND Blood count; automated differential WBC count
85027 + 85007	Blood count; complete (CBC) automated (Hgb, Hct, RBC, WBC and platelet count) AND Blood count; blood smear, microscopic examination with manual differential WBC count
85027 + 85009	Blood count; complete (CBC) automated (Hgb, Hct, RBC, WBC and platelet count) AND Blood count; manual differential WBC count, buffy coat

80051	Electrolyte panel
	Components:
82374	Carbon dioxide (bicarbonate)
82435	Chloride
84132	Potassium
84295	Sodium

80053	Comprehensive metabolic panel
	Components:
82040	Albumin
82247	Bilirubin, total
82310	Calcium, total
82374	Carbon dioxide (bicarbonate)
82435	Chloride
82565	Creatinine
82947	Glucose
84075	Phosphatase, alkaline
84132	Potassium

84155	Protein, total
84295	Sodium
84460	Transferase, alanine amino (ALT) (SGPT)
84450	Transferase, aspartate amino (AST) (SGOT)
84520	Urea Nitrogen (BUN)

80055	Obstetric panel
	Components:
87340	Hepatitis B surface antigen (HBsAg)
86762	Antibody, rubella
86592	Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)
86850	Antibody screen, RBC, each serum technique
86900	Blood typing, ABO
86901	Blood typing, Rh (D)
	Plus, one of the following CBC or combination of CBC components:
85025	Blood count; complete (CBC) automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027 + 85004	Blood count; complete (CBC) automated (Hgb, Hct, RBC, WBC and platelet count) AND Blood count; automated differential WBC count
85027 + 85007	Blood count; complete (CBC) automated (Hgb, Hct, RBC, WBC and platelet count) AND Blood count; blood smear, microscopic examination with manual differential WBC count
85027 + 85009	Blood count; complete (CBC) automated (Hgb, Hct, RBC, WBC and platelet count) AND Blood count; manual differential WBC count, buffy coat

80061	Lipid panel
	Components:
82465	Cholesterol, serum, total
83718	Lipoprotein, direct measurement, high density cholesterol (HDL)
84478	Triglycerides

80069	Renal function panel
	Components:
82040	Albumin
82310	Calcium, total
82374	Carbon dioxide (bicarbonate)
82435	Chloride
82565	Creatinine

82947	Glucose
84100	Phosphorus inorganic (phosphate)
84132	Potassium
84295	Sodium
84520	Urea Nitrogen (BUN)

80074	Acute hepatitis panel
	Components:
86709	Hepatitis A antibody (HAAb), IgM antibody
86705	Hepatitis B core antibody (HBcAb), IgM antibody
87340	Hepatitis B surface antigen (HBsAg)
86803	Hepatitis C antibody

80076	Hepatic function panel
	Components:
82040	Albumin
82247	Bilirubin, total
82248	Bilirubin, direct
84075	Phosphatase, alkaline
84155	Protein, total
84460	Transferase, alanine amino (ALT) (SGPT)
84450	Transferase, aspartate amino (AST) (SGOT)

80081	Obstetric panel (includes HIV testing)
	Components:
87340	Hepatitis B surface antigen (HBsAg)
87389	HIV-1 antigen(s) with HIV-1 & HIV-2 antibodies, single result
86762	Antibody, rubella
86592	Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)
86850	Antibody screen, RBC, each serum technique
86900	Blood typing, ABO
86901	Blood typing, Rh (D)
	Plus one of the following CBC or combination of CBC components:
85025	Blood count; complete (CBC) automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027 + 85004	Blood count; complete (CBC) automated (Hgb, Hct, RBC, WBC and platelet count) AND Blood count; automated differential WBC count
85027 + 85007	Blood count; complete (CBC) automated (Hgb, Hct, RBC, WBC and platelet count) AND Blood count; blood smear, microscopic examination with manual differential WBC count

85027	Blood count; complete (CBC) automated (Hgb, Hct, RBC, WBC and platelet count
+	count AND
85009	Blood count; manual differential WBC count, buffy coat

REFERENCES:

1. American Medical Association, *Current Procedural Terminology (CPT®), Professional Edition*.
2. Centers for Medicare & Medicaid Services (CMS) Physician Fee Schedule Relative Value File at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html>
3. Centers for Medicare and Medicaid Services, Medicare Claims Processing Manual Chapter 23 Schedule Administration and Coding; 20.9.1.1 - Instructions for Codes with Modifiers Requirements <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c23.pdf>

GUIDELINE UPDATE INFORMATION:

07/01/2012	Policy implemented
05/08/2015	Document approved by Payment Policy Committee
05/15/2016	Annual review – added new panel 80081
05/11/2017	Annual Review
05/17/2018	Annual Review
05/16/2019	Annual Review: added 80051 – electrolyte panel
05/14/2020	Annual Review
05/13/2021	Annual Review
05/12/2022	Annual Review
05/11/2023	Annual Review – Language added for billing POS of laboratory specimens. References reviewed and updated.
05/09/2024	Annual Review – Language added for laboratory test date of service and Modifiers 91. References reviewed and updated.
05/08/2025	Annual Review – Clarifying language added to indicate this policy applies to billing for services on a CMS-1500 or equivalent claim form. References reviewed and updated.

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