

Commercial Reimbursement Policy

Subject: **Non-Patient Laboratory Services- Facility**

Policy Number: **C-21001**

Policy Section: **Facilities**

Last Approval Date: **11/17/2023**

Effective Date: **08/30/2022**

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by an Anthem Blue Cross and Blue Shield (Anthem) member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

The Health Plan does not allow reimbursement for non-patient laboratory services when reported on a UB-04 with type of bill 014X unless provider, state, or federal contracts and/or requirements indicate otherwise.

Note: This policy does not apply to pathology services billed on type of bill 014X.

Related Coding

Standard correct coding applies

Exemptions

Kentucky	This market is no subject to this policy.
New Hampshire	This market is no subject to this policy.
Wisconsin	This market is no subject to this policy.

Policy History

11/17/2023	Review approved: no changes
08/30/2022	Exemption approved 08/30/2022 and effective 10/1/2022; added exemption for New Hampshire
07/27/2022	Exemption approved 07/27/2022 and effective 10/01/2022: added for Kentucky; added Note: This policy does not apply to pathology services billed on type of bill 014X.
04/30/2021	Initial policy approval 04/30/2021 and effective 10/01/2021: Wisconsin exemption added.

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Optum EncoderPro 2023

Definitions

Non-Patient	A member that is neither an inpatient nor an outpatient of a hospital but has a specimen that is submitted for analysis to a hospital and the member is not physically present at the hospital.
Type of Bill	A four-digit alphanumeric code provides three specific pieces of information after a leading zero. This three-digit alphanumeric code gives three specific pieces of information: the type of facility, the type of care and the sequence of this bill in the episode of care, also referred to as the 'frequency'.

General Reimbursement Policy Definitions

Related Policies and Materials

None

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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