![MOLINA HEALTHCARE logo]

PI Payment Policy 106
Physician Office Laboratory Testing

All States & Lines of Business

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In the event of a conflict, federal and state guidelines, as applicable, as well as the member's benefit plan document supersede the information in this policy. Additionally, to the extent there are any conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval.

Overview

The services below are allowed in a physician's office, for all lines of business. All other lab testing must be referred to an InNetwork Laboratory Provider that is a certified, full-service laboratory, offering a comprehensive test menu that includes routine, complex, drug, genetic testing and pathology.

For more information about In-Network Laboratory Providers, please consult the Molina Provider Directory (https://providersearch.molinahealthcare.com/). For testing available through In-Network Laboratory Providers, or for a list of In-Network Laboratory Provider patient services centers, please reach out to the In-Network Laboratory Provider.

Specimen collection is allowed in a physician's office and shall be compensated in accordance with your agreement with Molina Healthcare and applicable state and federal billing and payment rules and regulations.

Process
Claims for tests performed in the physician office, but not listed below will be denied.
Coding

Code	Description
80047	Basic Metabolic Panel
80048	Basic Metabolic Panel
80053	Comprehensive Metabolic Panel
81025	Urine Pregnancy Test
82947	Glucose, Quantitative
83655	Lead Screening
83735	Magnesium
84436	Thyroxine, Free
84437	Thyroxine, Requiring Elution
84439	Thyroxine, Free

84443	TSH
85007	Blood Count, Differential, WBC
85008	Blood Smear, Manual Blood Count
85014	Hematocrit
85018	Hemoglobin
85032	Manual Cell Count
85049	Platelet, Automated Count
85060	Peripheral Smear
85095	Bone Marrow ASP only
85102	Bone Marrow Biopsy Core
85535	Iron Stain
85576	Platelet Aggregation, any agent
85610	Prothrombin Time
86308	Heterophile, Mono Test
86580	Tuberculosis
87400	Influenza
87804	Influenza
87807	RSV
87880	Rapid Strep
88305	Pathology
88342	Pathology
81000 - 81005	Urinalysis
82043 - 82044	Urine Microalbumin
82270 - 82272	Blood, Occult
82565 - 82575	Creatinine
85025 - 85027	CBC
86140 - 86141	C Reactive Protein
88150 - 88155	Pathology/Pap Smear
88164 - 88167	Pathology/Pap Smear
88174 - 88175	Pathology/Pap Smear

| 88312 - 88313 | Pathology |
| 88331 - 88332 | Pathology Consultation, during surgery |

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.

History

Type	Date	Action
Effective Date	10/1/2023	New Policy

References

1. https://providersearch.molinahealthcare.com/

Supplemental Information

Definitions

Term	Definition

Appendix