



## PI Payment Policy 197

### In-Office Laboratory Tests

#### Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Passport by Molina Healthcare 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.

#### Policy

The laboratory services below are allowed in a physician's office for all lines of business. All other laboratory testing must be referred to an In-Network 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 [Passport Provider Directory](#). 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.

#### **Reimbursement**

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

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

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Code(s)	Description
80047	BASIC METABOLIC PANEL
80048	BASIC METABOLIC PANEL
80050	GENERAL HEALTH PANEL
80053	COMPREHENSIVE METABOLIC PANEL
80055	OBSTETRIC PANEL
80061	LIPID PANEL
80069	RENAL FUNCTION PANEL
80081	OBSTETRIC PANEL
80305	DRUG SCREEN, PRESUMPTIVE
80306	DRUG SCREEN, PRESUMPTIVE
80307	TESTING FOR PRESENCE OF DRUG, BY CHEMISTRY ANALYZERS
81025	URINE PREGNANCY TEST
81528	ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS
82075	ALCOHOL (ETHANOL), BREATH
82105	ALPHA-FETOPROTEIN SERUM
82106	ALPHA-FETOPROTEIN AMNIOTIC
82143	AMNIOTIC FLUID SCAN
82247	BILIRUBIN LEVEL, TOTAL
82248	BILIRUBIN LEVEL, DIRECT
82274	BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3
82465	CHOLESTEROL SERUM/WHOLE BLOOD TOTAL
82731	FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN
82746	FOLIC ACID LEVEL, SERUM
82947	GLUCOSE, QUANTITATIVE
82950	GLUCOSE POST GLUCOSE DOSE
82951	GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS
82962	GLUCOSE TESTING, CLIA WAIVED METHODOLOGY
82977	ASSAY OF GGT, GLUTAMYLTRANSFERASE (LIVER ENZYME) LEVEL
83036	HEMOGLOBIN; GLYCOSYLATED (ALE)
83037	HEMOGLOBIN; GLYCOSYLATED (A1C) BY DEVICE
83632	PLACENTAL LACTOGEN

83655	LEAD SCREENING
83661	L/S RATIO FETAL LUNG
83662	FOAM STABILITY FETAL LUNG
83663	FLUORO POLARIZE FETAL LUNG
83664	LAMELLAR BDY FETAL LUNG
83700	LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP AND QUAN
83701	LIPOPROTEIN BLOOD HIGH RESOLTJ AND QUANTJ SUBCLASS
83704	LIPOPROTEIN BLOOD QUAN NUMBERS AND SUBCLASSES
83718	LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL
83721	LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL
83722	LIPOPRTN DIR MEAS SD LDL CHL
83735	MAGNESIUM
84100	ASSAY OF PHOSPHORUS
84152	ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPLEXED
84153	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL
84154	ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE
84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A
84436	THYROXINE, FREE
84437	THYROXINE, REQUIRING ELUTION
84439	THYROXINE, FREE
84443	TSH
84478	ASSAY OF TRIGLYCERIDES
84702	GONADOTROPIN CHORIONIC QUANTITATIVE
84703	GONADOTROPIN CHORIONIC QUALITATIVE
84704	GONADOTROPIN CHORIONIC HCG FREE BETA CHAIN
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
86318	IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH
86328	IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19
86403	PARTICLE AGGLUT ANTBDY SCM
86413	SEV AQT RESPIR SYND CORONAVIRUS 2 ANTIBODY QUAN
86580	TUBERCULOSIS
86592	SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL
86593	SYPHILIS TEST QUANTITATIVE
86631	ANTIBODY CHLAMYDIA
86632	ANTIBODY CHLAMYDIA IGM
86769	ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19
87070	CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL
87071	CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL
87081	CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMJ
87086	URINE CULTURE/COLONY COUNT
87110	CULTURE CHLAMYDIA ANY SOURCE
87110	CULTURE CHLAMYDIA ANY SOURCE
87164	DARK FIELD EXAM ANY SOURCE W/SPECIMEN COLLECTION
87166	DARK FIELD EXAMINATION
87172	PINWORM EXAM
87210	SMEAR, WET MOUTH
87220	TISSUE EXAM
87270	IAADI CHLAMYDIA TRACHOMATIS
87320	CHYLMD TRACH AG IA
87400	INFLUENZA
87426	IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS
87428	IAAD IA SARSCOV and INFLUENZA VIRUS TYPES A and B

87430	IAAD IA STREPTOCOCCUS GROUP A
87490	IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ
87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ
87492	CHYLMD TRACH DNA QUANT
87502	INFLUENZA DNA AMP PROBE
87590	IADNA NEISSERIA GONORRHOEAE DIRECT PROBE TQ
87591	IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ
87592	N. GONORRHOEAE DNA QUANT
87624	IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES
87625	IADNA HUMAN PAPILLOMAVIRUS TYPES 16 AND 18 ONLY
87631	RESP VIRUS 3-5 TARGETS
87634	RSV DNA/RNA AMP PROBE
87635	IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ
87636	IADNA SARSCOV2 and INF A and B MULT AMPLIFIED PROBE TQ
87637	IADNA SARSCOV2 and INF A and B and RSV MULT AMP PROBE
87650	IADNA STREPTOCOCCUS GROUP A DIRECT PROBE TQ
87651	IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ
87652	IADNA STREPTOCOCCUS GROUP A QUANTIFICATION
87660	IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ
87661	IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH
87800	DETECT AGNT MULT DNA DIRECT
87804	INFLUENZA
87807	RSV
87808	IAADIADOO TRICHOMONAS VAGINALIS
87810	CHYLMD TRACH ASSAY W/OPTIC
87811	IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS
87850	N. GONORRHOEAE ASSAY W/OPTIC
87880	RAPID STREP
87880	INFECTIOUS AGENT ANTIGEN DETECTION
88141	CYTP CERVICAL/VAGINAL REQ INTERP PHYSICIAN
88142	CYTP CERV/VAG AUTO THIN LAYER PREP MNL SCREEN
88143	CYTOPATH C/V THIN LAYER REDO

88147	CYTP SMRS C/V SCR AUTOMATED SYSTEM PHYS SUPV
88148	CYTOPATH C/V AUTO RESCREEN
88235	TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS
88267	CHRMSM ALYS AMNIOTIC/VILLUS 15 CELL 1KARYOTYPE
88269	CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP
88305	PATHOLOGY
88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS
89320	SEMEN ANALYSIS
0202U	NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2
0223U	NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2
0225U	NFCT DS DNA and RNA 21 TARGETS SARS-COV-2 AMP PROBE
0240U	NFCT DS RNA 3 TARGETS UPPER RESPIRATORY SPECIMEN
0241U	NFCT DS RNA 4 TARGETS UPPER RESPIRATORY SPECIMEN
81000 - 81005	URINALYSIS
82043 - 82044	URINE MICROALBUMIN
82270 - 82272	BLOOD, OCCULT
82565 - 82575	CREATININE
85025 - 85027	CBC
86140 - 86141	C REACTIVE PROTEIN
86485 - 86588	SKIN TESTS WITH VARIOUS ANTIGENS
88150 - 88155	PATHOLOGY/PAP SMEAR
88164 - 88167	PATHOLOGY/PAP SMEAR
88174- 88175	PATHOLOGY/PAP SMEAR
88312 - 88313	PATHOLOGY
88331 - 88332	PATHOLOGY CONSULTATION, DURING SURGERY
G0480	DRUG TEST DEF 1-7 CLASSES
G0483	DRUG TEST DEF 22+ CLASSES
G0659	DRUG TEST DEF SIMPLE ALL CL
G2023	SPEC CLCT FOR SARS-COV-2 COVID-19 ANY SPEC SRC
G2024	SP CLCT SARS-COV2 COVID19 FRM SNF/LAB ANY SPEC
U0001	CDC 2019 NOVEL CORONAVIRUS RT RT-PCR DX PANEL
U0002	2019-NCOV CORONAVIRUS SARS-COV-2/2019-NCOV



U0003	INF AGT DET DNA/RNA; SARS-COV-2 COVID-19 AMP P T
U0004	2019-NCOV CORONAVIRUS SARS-COV-2/COVID-19 ANY T
U0005	IA DET NA; SEV AC RES SYND SARS-COV-2 COVID-19

### Documentation History

Type	Date	Action
Effective Date	10/11/2023	New policy
Revised Date	3/7/2024	Updated code list

### References

### Supplemental Information

#### Definitions

Term	Definition

### Related Policies

Policy Name

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**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. Passport by Molina Healthcare Passport by Molina Healthcare 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, Passport by Molina Healthcare has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Passport reserves the right to revise this policy as needed.

## Coding

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