



HMO Louisiana, Inc. uses a preferred lab program with multiple statewide and regional lab vendors. Laboratory services provided to HMO Louisiana, Blue Connect, Community Blue, Precision Blue, Signature Blue and Bridge Blue members **must** be submitted to a preferred reference laboratory in the member's network when not performed in the provider's office. Providers who do not adhere to these referral guidelines may be subject to penalties as described in their provider contracts. Please refer to the preferred lab requirements listed below to ensure your patients receive the maximum benefits to which they are entitled.

Lab Program Requirements

Providers may perform a selection of lab tests in their Clinical Laboratory Improvement Amendments (CLIA)-certified offices. (See the In-office Lab List below.) If you perform lab testing procedures in your office, you must bill claims in accordance with your CLIA certification.

When lab services are needed and not performed in the provider's office, network providers must refer members to a preferred reference lab. (See list on the right or our online provider directories, available at www.BCBSLA.com.) No specimen collection billing would be appropriate in this situation.

Contact preferred reference labs directly to obtain the necessary forms for submitting lab services.

Preoperative lab services rendered before an inpatient stay or outpatient procedure may be performed by HMO Louisiana participating hospitals or the member's selected hospital but otherwise should be sent to a preferred reference lab.

For complete lab billing guidelines, refer to our *Professional Provider Office Manual*, available online at www.BCBSLA.com/providers >Resources.

Preferred Reference Labs

Laboratory services provided to HMO Louisiana members must be submitted to one of the following preferred reference labs when not performed in the provider's office:

Statewide Labs

- Clinical Pathology Labs
www.cpllabs.com 1-800-633-4757
- Laboratory Corporation of America (LabCorp)
www.labcorp.com 1-800-621-8037
- Quest Diagnostics
www.questdiagnostics.com 1-866-MYQUEST (1-866-697-8378)

These labs are statewide vendors for all HMO and HMO select network plans.

Please note: This is the current list of preferred statewide and regional reference labs as of the date this guide was published. To view the most current list of preferred reference labs, visit www.BCBSLA.com/providers >Find a Doctor or Drug and enter the member ID number or network; the city, parish or ZIP; then type "lab" for specialty or keyword; then click search.

Regional Labs

Alexandria Region

- Byrd Regional Hospital Reference Lab (337) 239-5123

Baton Rouge Region

- Orion Laboratories* (225) 421-3052
- Woman's Hospital Laboratory† (225) 924-8278

New Orleans Region

- Physicians Group Laboratories, LLC (985) 872-5572
- Stone Clinical Laboratories 1-844-786-6325

Shreveport and Alexandria Region

- Willis Knighton Outpatient Lab Services (318) 212-4032

* Lab is also a vendor for Community Blue plans

† Lab is also a vendor for Signature Blue and Precision Blue plans

In-office Lab List

You may only bill for the lab services listed below that are covered under your CLIA certification and performed in your office.

80305	80322	81015	82272	82948	83014	83861	84702	85014	85610	86485	87172	87275	87490	87591	87880	88329	88341
80306	81000	81025	82274	82951	83026	84030	84830	85018	85651	86490	87177	87276	87491	87635	88311	88331	88342
80307	81001	82044	82565	82952	83036	84112	85007	85025	85652	86510	87205	87426	87502	87660	88312	88332	89190
80320	81002	82247	82570	82962	83037	84132	85008	85027	86308	86580	87210	87430	87510	87804	88313	88333	89220
80321	81003	82270	82947	83013	83518	84437	85013	85032	86403	86756	87220	87480	87590	87807	88314	88334	89230

Ordering Provider Requirements

The ordering/referring provider's first name, last name and NPI are required on all lab claims, otherwise the claim will be returned requesting that the claim be refiled with this information.

If you are CLIA-certified to provide lab services in your office and you are billing for these services, please include the ordering provider's first name, last name and NPI information on the claim form. Place the ordering/referring provider's information in these claim blocks:

Paper claims:

- CMS-1500: Block 17B

Electronic 837P:

- Referring Provider - Claim Level: 2310A loop, NM1 Segment
- Referring Provider - Line Level: 2420F loop, NM1 Segment
- Ordering Provider - Line Level: 2420E loop, NM1 Segment

Reference Lab Billing

Blue Cross requires reference laboratory services to be billed on a CMS-1500 claim form or an 837P electronic claim.

Handling Fee

To compensate providers for their time and effort associated with collecting specimens and handling lab tests sent to preferred reference labs, providers may be paid a specimen collection handling fee per member/per visit when no other in-office lab tests are performed and billed on the same day. To be paid the specimen collection handling fee, you **must** bill CPT® code 36415 or 99000.

Please Note: If you perform the lab test(s) in your office and send out any lab test(s) on the same date of service, you are not eligible to bill and receive separate reimbursement for specimen collection.

Find a full list of provider support contacts online at www.BCBSLA.com >Provider Networks >Provider Support.

Out-of-state Labs

If you refer your patients to a reference lab that is not in Louisiana, the out-of-state reference laboratory must be a participating provider for the member's plan in the state where the specimen is drawn in order for the member to receive the highest level of member benefits.

If you are collecting the specimen and sending the specimen to an out-of-state reference lab, please ensure that the out-of-state reference lab you are using is participating in the member's network, otherwise your patient will be subject to a much higher cost share for this service or receive no benefits at all.

In addition, providers who do not adhere to these referral guidelines may be subject to penalties as described in their provider contracts.

Place of Service Billing for Lab Services

The place of service (POS) code for all clinical and anatomical laboratory services should reflect the type of facility where the patient was located when the specimen was taken, regardless of whether a global, technical or professional component of the service is being billed. For example:

- If an independent laboratory bills for a lab sample where the sample was taken in its own laboratory, POS code "81" (reference lab) would be reported.
- If a provider/an independent laboratory bills for a test on a sample taken in an inpatient hospital setting, POS code "21" (inpatient hospital) would be reported.
- If a provider/an independent laboratory bills for a test on a sample taken in an outpatient hospital setting, POS code "22" (outpatient hospital) would be reported.
- If a provider/an independent laboratory bills for a test on a sample taken in a physician office setting, POS code "11" (office) would be reported.

As a reminder, the referring provider should always be listed on claims for laboratory services.

Pass-through Billing and Billing for Services Not Rendered

Pass-through billing occurs when the ordering physician, professional provider, facility or ancillary provider requests and bills for a service, but the service is not performed by the ordering physician, professional provider, facility or ancillary provider. You may only bill for services that you or your staff perform.

HMO Louisiana does not permit pass-through billing, and you should not bill any pass-through services to our members.

Per our policy, providers may only bill for the following indirectly performed services:

1. The service of the performing provider is performed at the ordering provider's place of service and is billed by the ordering provider, or
2. The service is provided by an employee of a physician or other professional provider (e.g., physician assistant, surgical assistant, advanced practice nurse, clinical nurse specialist, certified nurse, midwife or registered first assistant, who is under the direct supervision of the ordering provider) and the service is billed by the ordering provider with use of the appropriate modifier when billing.

Additionally, billing for services not rendered, including lab services, is not permissible. Only the performing provider should bill for the services rendered to their patient.

We do not allow business arrangements of purchasing other entities' receivables, as this type of arrangement creates overpayments and misrepresentations in performing providers' payments.

Special Arrangements

Special arrangements for weekend or after-hour pickups may not be available at all preferred reference labs. Please contact the preferred reference labs directly to make special arrangements.