

# SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

## of the Professional Provider Office Manual

### 5.28 NUCLEIC ACID PROBE SERVICES

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This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Professional Provider Office Manual*. If we make any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Professional Provider Office Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)), our online self-service provider tool. Additional provider resources are available on our Provider page at [www.bcbsla.com/providers](http://www.bcbsla.com/providers).

This manual is provided for informational purposes only and is an extension of your Professional Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

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## NUCLEIC ACID PROBE SERVICES

Nucleic acid probe CPT codes 87471-87801 for the same patient for the same encounter will be subject to a multiple-service reduction effective for dates of service on and after November 1, 2019. The multiple-service reduction will apply as follows:

Individual CPT or HCPCS codes billed with multiple units will be reimbursed based on the allowable charge at:

- 100% for the first and second unit
- 50% for the third unit
- 25% for the fourth unit
- 5% for the fifth or any additional units

Each CPT or HCPCS code will be reimbursed based on the allowable charge at:

- 100% for the initial lab
- 100% for the second lab
- 50% for the third lab
- 25% for the fourth lab
- 5% for the fifth or any additional labs

Clinical editing and medical policy may also affect reimbursement for these codes. To review current medical policy coverage guidelines, access our medical policy index available on iLinkBlue under the "Authorizations" section.