

# SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

## of the Professional Provider Office Manual

### 5.21 LABORATORY

---

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.

As stated in your agreement: This manual is intended to set forth in detail Blue Cross policies. Blue Cross retains the right to add to, delete from and otherwise modify the *Professional Provider Office Manual* as needed. This manual and other information and materials provided by Blue Cross are proprietary and confidential and may constitute trade secrets of Blue Cross.

---

## LABORATORY

### Using Preferred Reference Labs

All network providers **must** refer members to preferred reference lab vendors when lab services are needed and are 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.

### Preferred Labs

We use a preferred lab program with multiple statewide and regional lab vendors. Laboratory services provided to Blue Cross members **must** be submitted to a preferred reference laboratory in the member-patient's network, if not performed in your office.

For the most current list of statewide and regional reference labs and full details on laboratory requirements for our Preferred Care PPO products, please refer to the Preferred Care PPO Preferred Reference Lab Guide. For HMO Louisiana products, please refer to the HMO Louisiana Reference Lab Guide. These guides are available in the "Resources" section of our Provider page. You may also use our online provider directories available on our website to locate preferred reference lab draw sites.

Contact preferred reference labs directly to obtain the necessary forms for submitting lab services for your Blue Cross patients.

### Requirements for PPO and HMO Louisiana Providers

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

If you perform laboratory testing procedures in your office, you must bill claims in accordance with your Clinical Laboratory Improvement Act (CLIA) certification. We require that a copy of your CLIA certification be provided along with your Louisiana Standardized Credentialing Application (LSCA) when applying for credentialing or recredentialing with Blue Cross. Providers who do not collect specimens in their offices may refer their Blue Cross patients to a preferred reference lab draw site in the member-patient's network.

### In-office Lab List

HMO Louisiana, Blue Connect, Community Blue, Precision Blue and Signature Blue providers may perform the following selection of lab tests (CPT codes shown) in their CLIA-certified offices.

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

### Out-of-state Labs

If you refer your patients to a reference lab that is not in Louisiana, the out-of-state reference lab 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-patient'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.

#### Scenario

An independent laboratory receives and processes the Louisiana member's blood specimen. The member's blood was drawn in Louisiana\* but processed in Texas by a reference lab. The out-of-state reference lab should file the claim to Blue Cross and Blue Shield of Louisiana; the service area where the specimen was drawn. Before referring the member, please ensure that the Texas reference lab is participating with Blue Cross and Blue Shield of Louisiana in order for the member to receive the highest level of benefits.

\* Providers should file the claim to the Blue Cross and Blue Shield plan in the state where the specimen is drawn.

### Ordering Provider Requirements

The ordering/referring provider's first name, last name and NPI are required on all laboratory claims. Claims received without the ordering/referring provider's information will be returned and the claim must be refiled with the requested information. If you are CLIA certified to provide lab services in your office and you are billing Blue Cross for these services, please include the ordering provider name and NPI information on the claim form.

Please enter the ordering/referring provider's information for paper and electronic claims as indicated below.

#### Paper Claims:

- CMS-1500 Health Insurance Claim Form: Block 17B

#### Electronic 837P, Professional Claims:

- 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.

### Pass-Through Billing

Blue Cross does not permit pass-through billing. Only the performing provider should bill for services. You may only bill for lab services that you perform in your office. For more detailed information, see the Pass-through Billing and Billing for Services Not Rendered section of this manual.

### Place of Service Billing for Lab Services

The place of service 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, place of service 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, place of service 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, place of service 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, place of service 11 (office) would be reported.

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

### 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.

### Provider Inquiries and Satisfaction

Providers can access member's benefits, eligibility and allowable charges using our self-service tools: iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)), Interactive Voice Recognition (IVR) 1-800-922-8866 and HIPAA transactions.

Please let us know if any quality issues arise so we can work with the appropriate lab to improve service and ensure that you and your patients receive the service you expect and deserve.