



## Lab Reimbursement Policy

**Dear Valued Provider,**

MetroPlusHealth is committed to keeping our provider network informed of important policies. This notice serves as a reminder of MetroPlusHealth's lab reimbursement policy.

### **Impacted Plans:**

Medicaid, HIV SNP, HARP, QHP, Gold, Goldcare, Essential Plans (EP), Child Health Plus, Medicare and UltraCare.

### **Laboratory Claims Billing and Reimbursement Criteria may vary by Product**

#### **For Medicaid, HIV SNP, HARP, Gold, Goldcare, EP, and Child Health Plus:**

- MetroPlusHealth reimburses lab services when billed with specific procedure codes found in the published **NYS Medicaid Lab Fee Schedule** posted at: <https://www.emedny.org/providermanuals/laboratory/>
- Prior authorization rules may apply.
- Claims billed with procedure codes **not listed** in the NYS Medicaid Fee schedule are subject to denial with the Explanation of Payment (EOP) reason: "*Lab is not covered.*"

#### **For Medicare, UltraCare, and QHP:**

- MetroPlusHealth reimburses lab services for specific procedure codes found in the published **CMS Lab Fee Schedule**.
- Prior authorization rules may apply.
- Claims billed with procedure codes not listed in the CMS Fee Schedule are subject to denial with the EOP reason: "*Lab is not covered.*"

**Billing Reminder:**

- Lab providers should not bill for lab services with unspecified codes when a specific code is available. Claims with unspecified codes are subject to denial with EOP reason: *“Do Not Pay, submit specific code or appeal Plan denial”*.
  - Providers should call MetroPlus Health if in certain rare instances they need to utilize the unspecified code in billing.
- If a Lab receives a test order with an unspecified code from the referring physician, please contact the referring provider to determine the correct procedure code.

**Below is a sample set of unspecific or unlisted codes listed as “By Report” (BR) in the NYS Medicaid fee lab schedule that may result in a denial with an EOP “Do Not Pay, submit specific code or appeal Plan denial”.**

(15) Codes	Code Description
81408	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9
81599	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHM
84591	VITAMIN, NOT OTHERWISE SPECIFIED
84999	UNLISTED CHEMISTRY PROCEDURE
86256	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY
86609	ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECI
86671	ANTIBODY; FUNGUS, NOT ELSEWHERE SPECIFIE
86682	ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIF
86753	ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIF
86790	ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED
86849	UNLISTED IMMUNOLOGY PROCEDURE
87299	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR ORGANISM
87797	DETECTION TEST BY NUCLEIC ACID FOR ORGANISM, DIRECT PROBE TECHNIQUE

(15) Codes	Code Description
87798	DETECTION TEST BY NUCLEIC ACID FOR ORGANISM, AMPLIFIED PROBE TECHNIQUE
87801	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS; AMPLIFIED PROBE(S) TECHNIQUE.

Lab Providers should not utilize unlisted codes on the Laboratory Fee Schedule to submit claims that have been assigned a specific code.

If you have any questions or need assistance, please contact MetroPlusHealth Provider Services at 866.986.0356.

Thank you for your continued collaboration.

MetroPlusHealth