



**EFFECTIVE DATE:** 06|01|2021  
**POLICY LAST UPDATED:** 03|03|2021

## OVERVIEW

Blue Cross & Blue Shield of Rhode Island (BCBSRI) has developed a limited network of outpatient laboratories for Medicare Advantage Plan members. This policy documents codes that are allowed to be performed in Hospital Clinical Laboratory Improvement Amendments (CLIA) certified labs outside of the approved network. This is not applicable to laboratory tests obtained in the hospital emergency room or observation status.

Note: This policy does not address coverage or reimbursement for any of the codes listed in this policy. Refer to the applicable policy for any codes that may be not medically necessary or not separately reimbursed.

## MEDICAL CRITERIA

Not applicable

## PRIOR AUTHORIZATION

Refer to the applicable policy for any prior authorization requirements.

## POLICY STATEMENT

### Medicare Advantage Plans

#### Hospital Outpatient Laboratory Services:

The outpatient laboratory services listed in the chart below are the only outpatient laboratory services that can be rendered by and reimbursed to the following facilities:

- Landmark Medical Center
- Sturdy Memorial Hospital
- Southcoast Hospitals (St. Luke's, Tobey, Charlton)
- Westerly Hospital

For all other hospitals in our local network there is no restriction on the laboratory codes that can be rendered.

Effective June 1, 2021 this network restriction is no longer applicable to any Physician Laboratories or Urgent Care Facilities.

Note: The Current Procedural Terminology (CPT) codes for CLIA tests must have the modifier QW appended to be recognized as a waived test.

Allowable Medicare Advantage Hospital Outpatient Laboratory Services	
85379	Fibrin degradation products, D-dimer; quantitative
86850	Antibody screen, RBC, each serum technique
86900	Blood typing, serologic; ABO
86901	Blood typing, serologic; Rh (D)
87015	Concentration (any type), for infectious agents

88106	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation
88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report
88300	Surgical Path Gross
88304	Tissue Exam by Pathologist
88305	Tissue Exam by Pathologist
88307	Tissue Exam by Pathologist
88311	Decalcification procedure (List separately in addition to code for surgical pathology examination)
88312	Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)
88313	Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure
88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual

#### COVERAGE

Appearance on this list does not imply coverage. Benefits may vary between individual plans. Please refer to the appropriate Evidence of Coverage for the applicable laboratory benefits/coverage.

#### BACKGROUND

Not applicable

#### CODING

See above

#### RELATED POLICIES

None

#### PUBLISHED

Provider Update, April 2021  
 Provider Update, June 2020  
 Provider Update, March 2018  
 Provider Update, December 2016

#### REFERENCES:

None

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

