REIMBURSEMENT POLICY STATEMENT
Wisconsin Marketplace

Policy Name & Number	Date Effective
General Health Laboratory Panel-WI MP-PY-1530	01/01/2025
Policy Type	
REIMBURSEMENT	

Reimbursement Policies are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design, and other factors are considered in developing Reimbursement Policies.

In addition to this policy, reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreements, and applicable referral, authorization, notification, and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased, or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

This policy does not ensure an authorization or reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced herein. Except as otherwise required by law, if there is a conflict between the Administrative Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination. We may use reasonable discretion in interpreting and applying this policy to services provided in a particular case and we may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

General Health Laboratory Panel

B. Background

Blood tests measure or analyze specific substances in blood, including chemicals, cells, proteins, and/or other substances. These tests may be performed routinely to establish the current health status of an individual, or to evaluate an individual during an acute or prolonged illness. Blood tests can also be used to keep track of how well a condition is managed, such as diabetes or high cholesterol. Blood tests are common and ordered by healthcare providers to help diagnose specific conditions.

Blood tests give healthcare providers a lot of information and determine if certain elements in the blood are in a normal range. In many cases, blood tests are only part of the information a healthcare provider needs to make a diagnosis of a health condition, and members might need other types of tests for a definitive diagnosis.

This reimbursement policy applies to services reporting CPT code 80050 and its component codes. The policy applies to all products and all in-network and non-network provider reimbursement. The policy also applies to laboratories, including but not limited to independent, reference and referral laboratories.

C. Definitions

- **80050 – General Health Panel (80050)** – A blood test panel that includes:
  - 80053 – Comprehensive metabolic panel
  - 85004 – Blood count; automated differential WBC count
  - 85007 – Blood count; blood smear, microscopic examination with manual differential WBC count or
  - 85009 – Blood count; manual differential WBC count
  - 85025 – Blood count, complete (CBC), and automated differential or
  - 85027 – Blood count, complete (CBC), automated
  - 84443 – Thyroid stimulating hormone (TSH)
- **Current Procedural Terminology (CPT®)** – Codes that offer health care professionals a uniform language for coding medical services and procedures to streamline reporting, increase accuracy and efficiency.

D. Policy

I. General Health Panel-80050 is not covered.

II. Providers who submit a claim will need to separately bill for each lab service below when performed on the same date of service and should be reported on the same claim to be reimbursed.
   A. 80053 – Comprehensive metabolic panel
   B. 85004 – Blood count; automated differential WBC count
   C. 85007 – Blood count; blood smear, microscopic examination with manual

differential WBC count or

D. 85009 – Blood count; manual differential WBC count
E. 85025 – Blood count, complete (CBC), and automated differential or
F. 85027 – Blood count, complete (CBC), automated
G. 84443 – Thyroid stimulating hormone (TSH)

III. Any claims received with dates of service on or after July 1, 2024 that do not follow the procedures provided above will result in a denied claim and will require the submission of a corrected claim to rectify the denial.

Note: This policy does not address reimbursement for all laboratory codes. Coding relationships for other laboratory services are not included within this policy. All services described in this policy may be subject to additional reimbursement policies and are subject to contracted rates.

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

	DATE	ACTION
Date Issued	09/25/2024	New policy. Approved at Committee.
Date Revised		
Date Effective	01/01/2025	
Date Archived		

H. References

1. Information Regarding the Final CY 2018 Private Payor Rate-Based Clinical Laboratory Fee Schedule (CLFS) Payment Rates. HCPCS code 80050 (general health panel) is not payable under Medicare. November 17, 2017. Accessed August 9, 2024. www.cms.gov
2. Optum Encoder Pro code detail. Accessed August 9, 2024. www.encoderprofp.com