Applicable To:
☑ Medicare (FL, GA, SC)

Claims and Payment Policy: Physician's Office Laboratory Testing

Policy Number: CPP-155

BACKGROUND

During the course of a physician or other qualified health professional's face-to-face encounter with a patient, the provider may determine that diagnostic lab testing is necessary to establish a diagnosis and/or to select the best treatment option to manage the patient's care. These are tests that are needed immediately in order to manage medical emergencies or urgent conditions. To this end, specific clinical laboratory tests have been designated as appropriate to be performed in the office setting.

POSITION STATEMENT

The purpose of this policy is to define payment criteria for in-office laboratory procedures to be used in making payment decisions and administering benefits. Furthermore, the intent of this policy is to encourage the specialization of independent labs to ensure higher quality laboratory tests are performed in the appropriate setting.

To ensure higher quality laboratory tests are performed in the correct setting, the health plan will limit the performance of in-office laboratory testing to the CPT® and HCPCS codes listed in the Short Turnaround Time (STAT) laboratory (lab) and CLIA code list included in this policy.

Reimbursement for in-office laboratory procedures is limited to those codes listed in the STAT laboratory procedure code list. Laboratory procedures not included on the STAT lab list may not be performed in the office and should be referred to an independent, contracted lab provider.

The health plan's automated claims adjudication system will deny in-office (location 11) laboratory procedures that are not included on the STAT and CLIA lab list defined below.

Prepayment Guidelines

If 80000-89999 (Laboratory service), 0014M, G2023, G2024, U0001, U0002, U0003 or U0004 are billed in place of service 11 (Office) and are not listed in the Short Turnaround Time (STAT) or CLIA laboratory code list, then the laboratory service will be denied with the reason 'Place Of Service Inappropriate; Ancillary Lab required .

The provider will have the option to dispute/appeal the denial.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy. If State policies **do not specify coverage provisions**, then the State will follow National coverage guidelines as outlined in this policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at http://www.cms.gov for additional information.

CODING & BILLING

CPT/HCPCS codes listed below are payable in the office setting (POS 11)

CPT HCPCS Code	Descriptor
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); read by instrument assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service
80324	Amphetamines; 1 or 2
80325	Amphetamines; 3 or 4
80326	Amphetamines; 5 or more
80327	Anabolic steroids; 1 or 2
80328	Anabolic steroids; 3 or more
80329	Analgesics, non-opioid; 1 or 2
80330	Analgesics, non-opioid; 3-5
80331	Analgesics, non-opioid; 6 or more
80332	Antidepressants, serotonergic class; 1 or 2
80333	Antidepressants, serotonergic class; 3-5
80334	Antidepressants, serotonergic class; 6 or more
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2

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80336	Antidepressants, tricyclic and other cyclicals; 3-5
80337	Antidepressants, tricyclic and other cyclicals; 6 or more
80338	Antidepressants, not otherwise specified
80339	Antiepileptics, not otherwise specified; 1-3
80340	Antiepileptics, not otherwise specified; 4-6
80341	Antiepileptics, not otherwise specified; 7 or more
80342	Antipsychotics, not otherwise specified; 1-3
80343	Antipsychotics, not otherwise specified; 4-6
80344	Antipsychotics, not otherwise specified; 7 or more
80345	Barbiturates
80346	Benzodiazepines; 1-12
80347	Benzodiazepines; 13 or more
80348	Buprenorphine
80349	Cannabinoids, natural
80350	Cannabinoids, synthetic; 1-3
80351	Cannabinoids, synthetic; 4-6
80352	Cannabinoids, synthetic; 7 or more
80353	Cocaine
80354	Fentanyl
80355	Gabapentin, non-blood
80356	Heroin metabolite
80357	Ketamine and norketamine
80358	Methadone
80359	Methylenedioxyamphetamines (MDA, MDEA, MDMA
80360	Methylphenidate
80361	Opiates, 1 or more
80362	Opioids and opiate analogs; 1 or 2
80363	Opioids and Opiate analogs; 3 or 4
80364	Opioids and Opiate analogs; 5 or more
80365	Oxycodone
80366	Pregabalin
80367	Propoxyphene
80368	Sedative hypnotics (non-benzodiazepines
80369	Skeletal muscle relaxants; 1 or 2
80370	Skeletal muscle relaxants; 3 or more
80371	Stimulants, synthetic
80372	Tapentadol
80373	Tramadol
80374	Stereoisomer (enantiomer) analysis, single drug class
80375	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3

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80376	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6
80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more
83992	Phencyclidine (PCP)
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy
81005	Urinalysis; qualitative or semiquantitative, except immunoassays
81015	Urinalysis; microscopic only
81025	Urine pregnancy test, by visual color comparison methods
82043	Albumin; urine, microalbumin, quantitative
82044	Albumin; urine, microalbumin, semiquantitative (eg, reagent strip assay)
82247	Bilirubin; total
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)
82271	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources
82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening
82465	Cholesterol, serum or whole blood, total
82565	Creatinine; blood
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative
82947	Glucose; quantitative, blood (except reagent strip)
82948	Glucose; blood, reagent strip
82950	Glucose; post glucose dose (includes glucose)
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)
82952	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use
83036	Hemoglobin; glycosylated (A1C)
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use

83655	Lead
83986	pH; body fluid, not otherwise specified
84132	Potassium; serum, plasma or whole blood
84703	Gonadotropin, chorionic (hCG); qualitative
85013	Blood count; spun microhematocrit
85014	Blood count; hematocrit (Hct)
85018	Blood count; hemoglobin (Hgb)
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count
85049	Blood count; platelet, automated
85610	Prothrombin time
85651	Sedimentation rate, erythrocyte; non-automated
86308	Heterophile antibodies; screening
86328	severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]
86580	Skin test; tuberculosis, intradermal
86756	Antibody; respiratory syncytial virus
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates
87172	Pinworm exam (eg, cellophane tape prep
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87210	Smear, primary source with interpretation; wet mount for infectious agents (e.g., saline, India ink, KOH preps)
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (e.g., scabies)
87270	Infectious agent detection, by immunofluorescent technique, chlamydia trachomatis
87400	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Influenza, A or B, each
87430	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Streptococcus, group A
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique

87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification
87635	- Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
87802	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group B
87803	Infectious agent antigen detection by immunoassay with direct optical observation; Clostridium difficile toxin A
87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87806	Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus
87808	Infectious agent antigen detection by immunoassay with direct optical observation; Trichomonas vaginalis
87880	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A
87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)
G0480	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed
G0481	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed

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G0659	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes
Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens
Q0112	All potassium hydroxide (koh) preparations
U0001	2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel should be used when specimens are sent to the CDC and CDC-approved local/state health department laboratories
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC should be used when specimens are sent to commercial laboratories, e.g. Quest or LabCorp, and not to the CDC or CDC-approved local/state health department laboratories.

CLIA-Waived CPT/HCPCS Codes listed below are payable in the office setting (POS 11)

CPT-HCPCS Code	Description
80047-QW	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)
80048-QW	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)
80051-QW	Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)
80053-QW	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)
80061-QW	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)
80069-QW	Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435)

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	Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)
80178-QW	Lithium
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
81003-QW	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy
81007-QW	Urinalysis; bacteriuria screen, except by culture or dipstick
81025	Urine pregnancy test, by visual color comparison methods
82010-QW	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); quantitative
82040-QW	Albumin; serum, plasma or whole blood
82043-QW	Albumin; urine (eg, microalbumin), quantitative
82044-QW	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)
82120-QW	Amines, vaginal fluid, qualitative
82150-QW	Amylase
82247-QW	Bilirubin; total
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)
82271-QW	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources
82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening
82274-QW	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
82310-QW	Calcium; total
82330-QW	Calcium; ionized
82374-QW	Carbon dioxide (bicarbonate)
82435-QW	Chloride; blood
82437-QW	Chlorides; Sweat (without Iontophoresis)
82465-QW	Cholesterol, serum or whole blood, total
82523-QW	Collagen cross links, any method
82550-QW	Creatine kinase (CK), (CPK); total
82565-QW	Creatinine; blood
82570-QW	Creatinine; other source
82679-QW	Estrone
82947-QW	Glucose; quantitative, blood (except reagent strip)
82950-QW	Glucose; post glucose dose (includes glucose)
82951-QW	Glucose; tolerance test (GTT), 3 specimens (includes glucose)
82952-QW	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)

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82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use
82977-QW	Glutamyltransferase, gamma (GGT)
82985-QW	Glycated protein
83001-QW	Gonadotropin; follicle stimulating hormone (FSH)
83002-QW	Gonadotropin; luteinizing hormone (LH)
83026	Hemoglobin; by copper sulfate method, non-automated
83036-QW	Hemoglobin; glycosylated (A1C)
83037-QW	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use
83516-QW	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method
83605-QW	Lactate (lactic acid)
83655-QW	Lead
83718-QW	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83721-QW	Lipoprotein, direct measurement; LDL cholesterol
83861-QW	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity
83880-QW	Natriuretic peptide
83986-QW	pH; body fluid, not otherwise specified
84075-QW	Phosphatase, alkaline;
84132-QW	Potassium; serum, plasma or whole blood
84155-QW	Protein, total, except by refractometry; serum, plasma or whole blood
84295-QW	Sodium; serum, plasma or whole blood
84443-QW	Thyroid stimulating hormone (TSH)
84450-QW	Transferase; aspartate amino (AST) (SGOT)
84460-QW	Transferase; alanine amino (ALT) (SGPT)
84478-QW	Triglycerides
84520-QW	Urea nitrogen; quantitative
84550-QW	Uric acid; blood
84703-QW	Gonadotropin, chorionic (hCG); qualitative
84830	Ovulation tests, by visual color comparison methods for human luteinizing hormone
85013	Blood count; spun microhematocrit
85014-QW	Blood count; hematocrit (Hct)
85018-QW	Blood count; hemoglobin (Hgb)
85025-QW	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85576-QW	Platelet, aggregation (in vitro), each agent
85651	Sedimentation rate, erythrocyte; non-automated
86294-QW	Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen)
86308-QW	Heterophile antibodies; screening

86318-QW	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip);
86386-QW	Nuclear Matrix Protein 22 (NMP22), qualitative
85610-QW	Prothrombin time
86618-QW	Antibody; Borrelia burgdorferi (Lyme disease)
86701-QW	Antibody; HIV-1
86780-QW	Antibody; Treponema pallidum
86803-QW	Hepatitis C antibody
87077-QW	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87210-QW	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)
87338-QW	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Helicobacter pylori, stool
87389-QW	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result
87449-QW	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; multiple-step method, not otherwise specified, each organism
87502-QW	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types
87631-QW	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets
87633-QW	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
87634-QW	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique
87651-QW	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique
87804-QW	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza

87806-QW	Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies
87807-QW	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus
87808-QW	Infectious agent antigen detection by immunoassay with direct optical observation; Trichomonas vaginalis
87809-QW	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus
87880-QW	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A
87899-QW	Infectious agent antigen detection by immunoassay with direct optical observation; not otherwise specified
87905-QW	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)
89300-QW	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)
89321-QW	Semen analysis; sperm presence and motility of sperm, if performed
G0328-QW	Colorectal cancer screening; fecal occult blood test, immunoassay, one to three simultaneous determinations
G0433-QW	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening
G0472-QW	Hepatitis C antibody screening for individual at high risk and other covered indication(s)
G0475-QW	HIV antigen/antibody, combination assay, screening

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

DEFINITIONS

CLIA-Waived Laboratory Codes	CLIA is defined as a Clinical Laboratory Improvement Amendment (CLIA) waived test and are considered simplified analysis tests that can be performed by a physician. CLIA requires all laboratory testing sites to have one of the following certificates to legally perform clinical laboratory testing: • Certificate of Waiver • Certificate of Registration • Certificate of Accreditation • Certificate for Physician-Performed Microscopy
Contracted Laboratory Provider	A provider that has entered into an agreement with the health plan to provide laboratory services at a reduced rate to the insurer's or administrator's clients.

Independent Laboratory	A laboratory that is independent of an attending or consulting physician's office and of hospital
Modifier QW	Modifier QW is defined as a Clinical Laboratory Improvement Amendment (CLIA) waived test. This modifier is appended to a CPT/HCPCS laboratory codes listed on the CMS CLIA waived test list.
Short Turnaround Time Lab Procedure	Laboratory tests and services that are needed immediately in order to manage urgent or emergent medical situations.

REFERENCES

1. Current Procedural Terminology (CPT)®, 2018
2. HCPCS Level II, 2018
3. Increasing Your Bottom Line: Using Modifier QW to Indicate a CLIA Waived Laboratory Test. Novitas Solutions. Retrieved from https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00106758 on June 19, 2020.
4. Tests Granted Waived Status Under CLIA. Retrieved from https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/waivetbl.pdf on June 19, 2020.

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

Claims and Payment Policies (CPPs) are policies regarding claims or claim line processing and/or reimbursement related to the administration of health plan benefits. They are not recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for diagnosing, treating, and making clinical recommendations to the member. CPPs are subject to, but not limited to, the following:

- State and federal laws and regulations;
- Policies and procedures promulgated by the Centers for Medicare and Medicaid Services, including National Coverage Determinations and Local Coverage Determinations;
- The health plan's contract with Medicare and/or a state's Medicaid agency, as applicable;
- Other CPPs and clinical policies as applicable.
- The provisions of the contract between the provider and the health plan; and
- The terms of a member's particular benefit plan, including those terms outlined in the member's Evidence of Coverage, Certificate of Coverage, and other policy documents.

In the event of a conflict between a CPP and a member's policy documents, the terms of a member's benefit plan will always supersede the CPP.
The use of this policy is neither a guarantee of payment, nor a prediction of how a specific claim will be adjudicated. Any coding information is for informational purposes only. No inference should be made regarding coverage or provider reimbursement as a result of the inclusion, or omission, in a CPP of a CPT, HCPCS, or ICD-10 code. Always consult the member's benefits that are in place at time of service to determine coverage or non-coverage. Claims processing is subject to a number of factors, including the member's eligibility and benefit coverage on the date of service, coordination of benefits, referral/authorization requirements, utilization management protocols, and the health plan's policies. Services must be medically necessary in order to be covered.
References to other sources and links provided are for general informational purposes only, and were accurate at the time of publication. CPPs are reviewed annually but may change at any time and without notice, including the lines of business for which they apply. CPPs are available at www.Wellcare.com.

RULES, PRICING & PAYMENT COMMITTEE HISTORY AND REVISIONS

Date	Action
05/12/2020	• Approved by RGC