

# Laboratory services protocol

M.D. IPA, M.D. IPA Preferred, Optimum Choice and Optimum Choice Preferred

This protocol is specific to the Mid-Atlantic Health Plan laboratory services process. This protocol applies to members with MD-Individual Practice Association, Inc. (M.D. IPA), M.D. IPA Preferred, Optimum Choice®, Inc. (OCI) and Optimum Choice Preferred health plans and all network physicians and health care professionals.

A participating outpatient commercial medical laboratory, as indicated on the member's ID card, must perform the laboratory services ordered by a primary care provider or specialist for M.D. IPA and Optimum Choice health plan members.



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## Exceptions

The following circumstances are exceptions to the requirements:

- Tests performed during a covered visit to an urgent care facility or hospital emergency department
- Short Turnaround Testing (STAT) tests necessary to perform services at the time of visit:
  - You can find the Mid-Atlantic Health Plans STAT Laboratory List at [UHCprovider.com/plans](https://UHCprovider.com/plans) > choose your state > Commercial Health Plan > Mid-Atlantic Health Plans > STAT Laboratory List
  - If laboratory results are required on a STAT basis, the designated commercial medical laboratory can arrange a STAT pick-up and reporting. If a care provider performs a STAT test and bills the service for a member, please use the “ET” modifier with the CPT® code for the test.
  - Routine outpatient laboratory tests performed prior to scheduled inpatient or outpatient procedures must be provided by the laboratory indicated on the member's ID card. This excludes type and crossmatch studies.



### Exceptions (cont.)

- Pathology services performed on specimens obtained during surgery at a hospital outpatient department
- Tests required on an intra-operative or intra-procedure basis for outpatient surgery or outpatient procedures
- Preoperative blood type and crossmatch studies



### Participating outpatient commercial medical laboratories

Depending on where the member lives, the member’s ID card will note:

- LAB = LABCORP
- LAB = PAR (any participating outpatient commercial medical laboratory)

Please refer members to a participating outpatient commercial medical laboratory by using the provider directory at [UHCprovider.com/findprovider](https://UHCprovider.com/findprovider). For chat options and contact information, visit [UHCprovider.com/contactus](https://UHCprovider.com/contactus).



### Outpatient commercial medical laboratory services for OCI Preferred and M.D.IPA Preferred

UnitedHealthcare members may use LabCorp, as indicated on the member’s ID card, or any other participating facility for laboratory services. Member cost share obligations may be lower when referred to LabCorp.



### End-stage renal disease diagnosis: Laboratory tests performed in outpatient facility and dialysis centers

An outpatient facility or dialysis center may perform laboratory tests without using the STAT modifier when billed with an end-stage renal disease diagnosis. UnitedHealthcare reimburses physicians credentialed in the fields of practice designated in the following table for labs performed in the physician’s office using the below CPT codes.

CPT code	Description	Designated fields of practice
81001	Urinalysis, automated with microscopy	Hematology, oncology, pediatric hematology, oncology
81002	Routine urinalysis with microscopy	Hematology, oncology, pediatric hematology, oncology
81003	Urinalysis with microscopy	Hematology, oncology, pediatric hematology, oncology
81015	Urinalysis, microscopy only	Hematology, oncology, pediatric hematology, oncology
83986	Assay body fluid activity	Gastroenterology, pediatric gastroenterology, pediatric pulmonology, pulmonology
85007	Complete blood count with platelet count	Hematology, oncology, pediatric hematology, oncology





CPT code	Description	Designated fields of practice
85027	Blood count, differential white blood cell (WBC)	Hematology, oncology, pediatric hematology, oncology
85049	Platelet, automated count	Hematology, oncology, pediatric hematology, oncology
85576	Platelet, aggregation, any agent	Hematology, oncology, pediatric hematology, oncology
89060	Crystal identification	Orthopedic surgery, rheumatology, pediatric, pediatric orthopedics
89320	Semen analysis, complete	Urology, pediatric urology



### Reimbursement for laboratory tests billed with a malignant cancer diagnosis or chemotherapy

The following laboratory services are eligible for reimbursement when submitted with a cancer diagnosis for a member who is actively receiving treatment.

CPT code	Description
80048	Basic metabolic panel
85007	Blood smear
85008	Blood smear
85014	Hematocrit
85018	Hemoglobin
85025	CBC with WBC and platelet count
85027	Blood count, CBC, automated
85032	Blood count, manual cell count
85549	Blood count, platelet, automated
85060	Blood smear, peripheral, interpretation by physician with written report
85536	Iron stain, peripheral blood

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