healthfirst
Health Insurance for New Yorkers

Reimbursement Policy

Subject:	General Principles of Lab Test Coverage		
Policy Number:	PO-RE-087v1		
Effective Date:	04/01/2024	**Last Approval Date:**	02/07/2024

I. Policy Description

The purpose of this policy is to establish the standards and guidelines that Healthfirst follows when determining coverage of lab tests. On a frequent basis (at least once annually), Healthfirst reviews the sources noted below when making coverage determinations of lab testing. The below information applies to the following lines of business.

- Child Health Plus
- Small/Individual Group (Commercial Plan)
- Essential Plan
- Medicaid Managed Care
- Medicare PPO
- Integrated Benefits Dual Connection Plan
- Health & Recovery Plan (HARP)
- Medicare Advantage
- Medicaid Advantage Plus/MAP (Complete Care)
- Qualified Health Plan (QHP)
- Managed Long Term Care Partial Capitation Plan (MLTCP)
- Senior Health Plan (SHP)- Coverage based on benefit plan.

Policy Scope

The following sources are considered when establishing coverage for lab services for the lines of business covered in this policy

Sources	
eMedNY	▪ Services that are not explicitly listed in the eMedNY fee schedules are deemed non-covered unless coverage is specifically indicated elsewhere. ▪ **NOTE**: NYS S1196 requires that “that every state-regulated insurance plan, including Medicaid, provide coverage for biomarker testing when medically appropriate.”

CMS Local and National Coverage Determinations (LCD/NCD) **CMS Physician Fee Schedule**	▪ Services that have Status B, I, N, P or X may be deemed non-covered unless coverage is specifically indicated elsewhere.
EviCore	▪ Healthfirst follows Evicore genetic testing policy for coverage determination of genetic tests. ▪ Genetic tests must meet the criteria outlined in the Evicore genetic testing policy to be considered for coverage.
National/Industry Standards	▪ Healthfirst refers to national industry standards included in policies developed in partnership with vendors (i.e. Avalon). Policies are posted on the Healthfirst provider website (hfproviders.org). ▪ Policies may provide additional guidance and restrictions on specific lab tests.

Reimbursement Guidelines

1. Healthcare providers submitting claims for reimbursement must adhere to Healthfirst reimbursement lab policies and the sources referenced above.

2. Claims submitted that violate Healthfirst policies and the sources referenced, Healthfirst asks that the claim be resubmitted adhering to the guidelines.

3. Claim resubmissions and appeals will be subject to Healthfirst timely filing requirements, as set forth in the provider contract with Healthfirst and in the **Healthfirst Provider Manual.** ***Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.***

II. Applicable Codes

Code	Description	Comment
N/A	N/A	

III. Definitions

Term	Meaning
CMS	Centers for Medicare and Medicaid Services
FDA	Food and Drug Administration
LCD	Local Coverage Determination
NCD	National Drug Code

IV. Related Policies

Policy Number	Policy Description
PO-RE-075	Laboratory Procedures Reimbursement Policy

Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

Reimbursement Policy-PO-RE-075v1 Laboratory Procedures
Evicore
eMedNY Laboratory Manual
Medicare Claims Processing Manual
Senate Bill S1196A

VI. Revision History

Revision Date	Summary of Changes
10/02/2023	New Policy

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.