Medica Coverage Policy

Policy Name:	**Laboratory Tests**
Effective Date:	**09/16/2024**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Medica has a number of coverage policies and utilization management policies addressing specific laboratory tests. Please refer to **Attachment 1** at the end of this document for a list of those policies. If a separate policy doesnot exist, the following criteria apply.

Coverage Policy

Laboratory tests are **COVERED** when the individual test or panel:

1. Has been reviewed within Medica's technology assessment process, is considered a covered service, and is published as a Medica Coverage or Utilization Management Policy.

<or>

2. Meets Medica's definition of a standard laboratory test, as defined in the description section of this policy and is ordered and submitted from or under the direction of a physician.

Laboratory tests are **NOT COVERED** when the individual test or panel:

1. Has been reviewed within Medica's technology assessment process, is considered investigative and therefore **NOT COVERED**, and is published as a Medica Coverage Policy.

<or>

2. Meet Medica's definition of a non-standard laboratory test, as defined in the description section of this policy. These tests are not medically necessary and therefore **NOT COVERED.**

<or>

3. Is self-referred/submitted by the member (i.e., not ordered and submitted from or under the direction of a physician).

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Description

Services not medically necessary are excluded from coverage. Services that are not medically necessary include, but are not limited to, services that are inconsistent with the medical standards and accepted practice parameters of the community and services that are inappropriate, in terms of type, frequency, level, setting, and duration, to the member's diagnosis or condition.

Medica defines a standard laboratory test or panel as:

1. A test/panel performed in a CLIA-certified clinical laboratory setting (e.g., hospital laboratories; physician offices; reference laboratories contracted with multiple inpatient/outpatient facilities or multiple physician clinics)

<and>

2. Recognized as clinically valid by at least one of the following professional organizations (Note: list may not be exhaustive):
    a. American Society of Clinical Pathology (ASCP)
    b. Association for Molecular Pathology (AMP)
    c. Clinical and Laboratory Standards Institute (CLSI)
    d. College of American Pathologists (CAP)
    e. National Committee for Clinical Laboratory Standards (NCCLS)

Medica defines a non-standard laboratory test as:

1. Not meeting the criteria of a standard laboratory test defined above,

<or>

2. Possessing one or more of the following attributes:
    a. A test proposed for the diagnosis and/or monitoring of a condition or disease state which is inconsistent with medical standards and accepted practice parameters of the community.
    b. A test using a methodology other than that employed in standard medical practice (e.g., spectroscopy analysis instead of a standard culture for microorganisms)
    c. A test using a specimen type other than that employed in standard medical practice (e.g., a saliva specimen instead of a standard blood collection)
    d. Panels comprised of numerous analytes - a high number of which do not impart clinical utility to the diagnosis or management of the disease or condition under consideration. (e.g., a hormone panel measuring multiple analytes when two analytes are recognized as standard medical practice.)
    e. Test results reported in laboratory reporting values not recognized as national or international values employed in standard laboratory practice (e.g., low-medium-high versus micrograms/liter).

Prior Authorization

Prior authorization is not applicable.

Coding Considerations

Use the current applicable CPT/HCPCS code(s).

CPT Codes:

Laboratory tests are to be submitted with the Current Procedural Terminology Code (CPT) or Healthcare Common Procedure Code (HCPC) specific to the actual test or panel of tests being performed. If specific code(s) are not available an appropriate unlisted code with detailed description should be submitted. Medica reserves the right to obtain additional information on specific tests / test panels from the laboratory performing the analysis when the submitted CPT or HCPC code(s) is (are) general in nature/non-specific.

Original Policy Effective Date: 1/1/2010

Re-Review Date(s):
11/1/2012
8/1/2014 – administrative update; coverage policy list revision
7/15/2015 – administrative update; coverage policy list revision
10/21/2015
9/19/2018
3/20/2019 – administrative update; coverage policy list revision
2/17/2020 – administrative update; format
6/15/2020 – administrative update; coverage policy list revision
9/15/2021
9/21/2022 – administrative update; policy list revisions (Attachment 1)
10/19/2022 - administrative update; policy list revisions (Attachment 1)
11/16/2022 - administrative update; policy list revisions (Attachment 1)
12/21/2022 - administrative update; policy list revisions (Attachment 1)
6/19/2023 - administrative update; policy list revisions (Attachment 1)
7/17/2024 - administrative update; policy list revisions (Attachment 1)

Attachment 1: Policies Specific to Laboratory Tests

The following lists are subject to change without notice. Consult www.medica.com / Providers / Policies & Guidelines for a complete listing of Medica's Coverage and Utilization Management Policies.

Medica has the following Coverage Polices related to lab tests:

1. Biochemical Biomarker Panels for Assessing Hepatitis-Associated Liver Disease
2. Blood Coagulation Home Testing Devices3. Collagen Cross Links Tests as Markers of Bone Turnover
4. Cytotoxic Testing for Allergy Diagnosis
5. Exhaled Breath Tests for Asthma and Other Inflammatory Pulmonary Conditions: Exhaled Nitric Oxide Breath Test and Exhaled Breath Condensate pH Measurement
6. Fecal Calprotectin Testing
7. Food Allergy/Intolerance Testing (in vitro)
8. Genetic Testing: Aortopathies and Connective Tissue Disorders
9. Genetic Testing: Cardiac Disorders
10. Genetic Testing: Dermatologic Conditions
11. Genetic Testing: Eye Disorders
12. Genetic Testing: Epilepsy, Neurodegenerative, and Neuromuscular Disorders
13. Genetic Testing: Exome and Genome Sequencing for the Diagnosis of Genetic Disorders
14. Genetic Testing: Hearing Loss
15. Genetic Testing: Hematologic Conditions (Non-cancerous)
16. Genetic Testing: Gastroenterologic Disorders (Non-cancerous)
17. Genetic Testing: General Approach to Genetic Testing
18. Genetic Testing: Immune, Autoimmune, and Rheumatoid Disorders
19. Genetic Testing: Kidney Disorders
20. Genetic Testing: Lung Disorders
21. Genetic Testing: Metabolic, Endocrine, and Mitochondral Disorders
22. Genetic Testing: Multisystem Inherited Disorders, Intellectual Disability, and Developmental Delay
23. Genetic Testing: Oncology - Algorithmic Testing
24. Genetic Testing: Oncology - Cancer Screening
25 Genetic Testing: Oncology - Hereditary Cancer Susceptibility
26. Genetic Testing: Oncology - Circulating Tumor DNA and Circulating Tumor Cells (Liquid Biopsy)
27. Genetic Testing: Oncology - Cytogenetic Testing
28. Genetic Testing: Oncology – Molecular Analysis of Solid Tumors and Hematologic Malignancies
29. Genetic Testing: Oncology - Pharmacogenetics
30. Genetic Testing: Prenatal Diagnosis (via Amniocentesis, CVS, or PUBS) and Pregnancy Loss
31. Genetic Testing: Non-Invasive Prenatal Screening (NIPS)
32. Genetic Testing: Preimplantation Genetic Testing
33. Genetic Testing: Prenatal and Preconception Carrier Screening
34. Genetic Testing: Skeletal Dysplasia and Rare Bone Disorders
35. Hair Analysis in the Clinical Setting
36. In Vitro Chemosensitivity & Chemoresistance Assays
37. Lipoprotein-Associated Phospholipase A2 (Lp-PLA2) Immunoassay for Prediction of Risk for Coronary Heart Disease or Ischemic Stroke (PLAC® Test)
38. Lipoprotein Subclass Testing for Screening, Evaluation, and Monitoring of Cardiovascular Disease
39. Residential Facility and Outpatient Urine Drug Testing (UDT), Presumptive and Definitive
40. Salivary Estriol Test for Preterm Labor
41. Salivary Hormone Tests
42. Serial Dilution Endpoint Titration for Diagnosis and Treatment of Airborne Allergy
43. Three Dimensional (3-D) Printed Anatomic Modeling for Surgical Planning
44. Vitamin D Testing for Screening