

UPDATE: Outpatient laboratory services — Delay in new payment policy

This communication is a follow up to the recent notification you received requiring most outpatient laboratory tests to be sent to Quest, LabCorp, Bioreference, Accurate Laboratories, Accureference or other participating outpatient laboratories.

In response to continued COVID-19 concerns Amerigroup Community Care has made a business decision to further delay the effective date of this change to July 1, 2020.

Why is the new policy being delayed?

Amerigroup cares about the wellbeing of each and every member it serves. With the heightened concern around COVID-19 and the pressures the outbreak has put on all health care providers, Amerigroup wants to ensure all of us are using all available time and resources to focus on caring for members/patients impacted by the COVID-19 virus.

What does this mean to me?

Participating providers may continue to provide medically necessary outpatient laboratory tests to members through June 30, 2020 in accordance with the prior policy.

Effective, July 1, 2020, Amerigroup will require that all outpatient laboratory tests be sent to a participating outpatient laboratory or may be performed in a physician's office certified by the *Clinical Laboratory Improvement Amendments (CLIA)* with the following exceptions:

- Lab services rendered in an emergency room setting
- Lab services rendered in conjunction with hospital observation services: RV0760-V0769
- Lab services required for preadmission testing for hospital inpatient admission
- Lab services rendered in conjunction with ambulatory surgery services:
RV0360-RV0369, RV0481, RV0490-RV0499, RV0720-RV0729, RV0750-RV0759 and
RV0790-RV0799
- Lab services that are billed with the following diagnosis codes:
 - **Obstetric:** O00-O08, O09, O10-O16, O20-O29, O30-O48, O60-O77, O80-O82, O85-O92, O94-O9A, Z30-Z39
 - **Chemotherapy:** Z51.11, Z92.21, Z01.818
 - **Neoplasms:** C00-C14, C15-C26, C30-C39, C40-C41, C43-C44, C45-C49, C50, C51-C58, C60- C63, C64-C68, C69-C72, C73-C75, C7A, C7B, C76-C80, C81-C96, D00-D09, D10-D36, D3A, D37-D48, D49
 - **Sickle cell:** D57.00, D57.01, D57.02, D57.1, D57.20, D57.211, D57.212, D57.219, D57.3, D57.40, D57.411, D57.412, D57.419, D57.80, D57.811, D57.812, D57.819
- STAT labs identified by CPT® code in Table 1 below.

<https://providers.amerigroup.com>

CPT	Description	CPT	Description	CPT	Description
80048	Basic metabolic panel	80164	Dipropylacetic acid	80194	Quinidine
80051	Electrolyte panel	80178	Lithium	80329, 80330, 80331	Salicylate
80076	Hepatic function panel	80184	Phenobarbital	80198	Theophylline
80156	Carbamazepine; total	80185	Phenytoin; total	80200	Tobramycin
80162	Digoxin	80192	Procainamide; with metabolites	81000	Urinalysis by dipstick or tablet reagent for bilirubin, glucose, etc.; nonautomated, with microscopy
81001	Urinalysis by dipstick or tablet reagent; auto with micro	82670	Estradiol	85044	Blood count; reticulocyte manual
81003	Urinalysis by dipstick or tablet reagent; without micro auto	82947	Glucose; quantitative blood	85045	Blood count; reticulocyte automated
81025	Urine pregnancy test visual color compare methods	83045	Hemoglobin; methemoglobin qualitative	85384	Fibrinogen; activity
80329, 80321, 80322	Acetaminophen	83050	Hemoglobin; methemoglobin quantitative	85032	Platelet; manual count
80320, 80321, 80322	Alcohol; any specimen except breath	83690	Lipase	85049	Platelet; automated count
82140	Ammonia	83735	Magnesium	85610	Prothrombin time
82150	Amylase	84132	Potassium; serum	85384	Fibrinogen; activity
82247	Bilirubin; total	84520	Urea nitrogen; quantitative	85590	Platelet; manual count
82310	Calcium; total	84702	Gonadotropin chorionic; quantitative	85651	Sedimentation rate erythrocyte; nonautomated
82375	Carbon monoxide; quantitative	84703	Gonadotropin chorionic; qualitative	85730	Thromboplastin time partial; plasma/whole blood

CPT®	Description	CPT	Description	CPT	Description
82550	Creatine kinase; total	85025	Blood count; complete auto and auto differential white blood cell count	86308	Heterophile antibodies; screening
82565	Creatinine; blood	85031	Blood count; Hemogram manual complete CBC	87205	Smear, primary source with interpretation; Gram/Giemsa Stain

If you have questions, please call your local Provider Relations representative or Provider Services at **1-800-454-3730**.

Thank you for your participation in our network and for using modifiers in your billing where appropriate.