



Covered Benefit: Laboratory Services

CMP Published: Yes No

CMP Link: [Genetic Testing](#)

CPG Published: Yes No

Definitions: Laboratory services include basic lab panels, screening for therapeutic drug panels, screening for sexually transmitted diseases (STD), urine testing and more advanced laboratory tests.

Genetic testing involves tests done for clinical genetic purposes including the diagnosis of genetic disease in children and adults; the identification of future disease risks; the prediction of drug responses; and the detection of risks of disease to future children.

Benefit Packages: Rite Care, Children with Special Health Care Needs, Substitute Care, Rhody Health Plan, Rhody Health Options Phase One, and ACA Adult Expansion (RHE).

Coverage Limitations:

Genetic testing is covered as a clinical option when determined medically necessary by Neighborhood's Medical Management Department. Prior authorization is required in accordance with the Clinical Medical Policy (CMP).

Per CMS Local Coverage Determination (L29813) the laboratory test for CPT code 88342 Immunohistochemistry (including tissue immunoperoxidase), each antibody, is limited to 10 analyses per tissue sample.

Exclusions:

Genetic testing is not considered a clinical option for any of the following indications:
Genetic testing to provide information for future generations of member's family
Genetic testing conducted to benefit care and treatment of member of the patient's family who is not covered by Neighborhood
Genetic testing that is experimental.

For EFP covered laboratory services see the EFP Benefit Coverage Summary. Please note that no genetic testing is covered.



Coverage Includes:

- Laboratory tests
- Genetic testing
- Amniocentesis lab
- Blood Draw
- Pathology Consultations

Notes:

Venipuncture is a covered billable service when the following conditions are met:

1. For providers billing on a CMS 1500 with Place of Service 11 (Office), 12 (Home), 20 (Urgent Care Center) or 81 (Independent Lab)
2. When laboratory services are not billed on the same date of service by the same provider CPT code 36416, collection of capillary blood specimen, is not a payable service

For further information on amniocentesis procedures see Maternity Services benefit coverage summary.

Refer to the [Non-Covered Benefit Coverage Summary](#) for details regarding non-covered codes.

VERSION HISTORY:

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CMC Review Dates: 9/11/2012

PEC Review Date: 10/3/13