

AETNA BETTER HEALTH® OF FLORIDA

Laboratory and Pathology Services

Laboratory and pathology services must be performed by a participating laboratory. The Plan maintains a contract with LabCorp to provide outpatient lab services for members. LabCorp provides all necessary supplies; request forms; specimen pick-up; accurate and prompt test results.

Laboratory and pathology services provided by an outside or reference lab that is not the applicable contracted laboratory Provider (LabCorp) will not be reimbursed to the Provider of service by The Plan. Laboratory and pathology services include but are not limited to clinical labs, nonclinical labs, pathology, and dermatology. If services are performed in office, the Provider may not bill the member/patient or for the laboratory/pathology services. LabCorp must be used for all Medicaid members.

Although we maintain a contract with LabCorp to provide lab and path services, we recognize the need for urgent lab work to make a diagnosis or to treat the patient while in the Provider’s office. When this situation occurs, Providers may bill and receive reimbursement for lab procedures. All lab procedures below will be reimbursed at 100% of Medicaid Allowable for non-participating providers or based on the Plan Participating Provider Agreement:

CPT	Code Description
36410	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
36415	Collection of venous blood by venipuncture
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)
80305	Drug test(s), presumptive, any number of drug classes, qualitative; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipstick, cups, cards, cartridges) includes sample validation when performed, per date of service
80306	Drug test(s), presumptive, any number of drug classes, qualitative; any number of devices or procedures, (e.g., immunoassay) read by instrumented assisted direct optical observation (e.g., dipstick, cups, cards, cartridges) includes sample validation when performed, per date of service
80307	Drug test(s), presumptive, any number of drug classes, qualitative; any number of devices or procedures, by instrument chemistry and analyzers
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy

CPT	Code Description
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy
81005	Urinalysis; qualitative or semiquantitative, except immunoassays
81025	Urine pregnancy test, by visual color comparison methods
82247	Bilirubin; total
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)
82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening
82465	Cholesterol, serum or whole blood, total
82947	Glucose; quantitative, blood (except reagent strip)
82948	Glucose blood; reagent strip
83655	Lead
84520	BUN - Assay of urea nitrogen (HEDIS Code)
85002	Bleeding time test
85007	Blood count; blood smear, microscopic examination with manual differential WBC count
85008	Blood count; blood smear, microscopic examination without manual differential WBC count
85013	Blood count; spun micro hematocrit
85018	Blood count; hemoglobin (Hgb)
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85610	Prothrombin time;
86308	Heterophile antibodies; screening
86510	Skin test; histoplasmosis
86580	Skin test; tuberculosis, intradermal
87081	Culture, presumptive, pathogenic organisms, screening only;
87631	Detection of Influenza A, Influenza B or RSV (respiratory syncytial virus)
87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87880	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A