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06/08/2026

Dear Provider,

Thank you for your continued partnership with PA Health & Wellness, including Community HealthChoices (CHC), Wellcare and Ambetter Health. As you know, we continually review and update our payment and utilization policies to ensure that they are designed to comply with industry standards while delivering the best patient experience to our members. We are writing today to inform you of the revision to existing policies PA Health & Wellness will be implementing effective ***08/01/2026***

| Policy Number | Policy Name | Policy Description | Lines of Business |
|---------------|--------------------------------|---|--|
| CC.PP.055 | Physician's Office Lab Testing | <p>The purpose of this policy is to define payment criteria for in-office laboratory procedures to be used in making payment decisions and administering benefits. Furthermore, to encourage the specialization of independent labs to ensure higher quality laboratory tests are performed in the appropriate setting.</p> <p>During the course of a physician or other qualified health professional's face-to-face encounter with a patient, the provider may determine that diagnostic lab testing is necessary to establish a diagnosis and/or to select the best treatment option to manage the patient's care. These are tests that are needed immediately in order to manage medical emergencies or urgent conditions. To this end, specific clinical laboratory tests have been designated as appropriate to be performed in the office setting.</p> | AM Medicaid (CHC) AM Marketplace (Ambetter) AM Medicare (Wellcare) |

Thank you for your continued participation and cooperation in our ongoing efforts to render quality health care to our members. We look forward to helping you provide the highest quality of care for our members.

Sincerely,

PA Health & Wellness

Payment Policy: Physician's Office Lab Testing

Reference Number: CC.PP.055

Policy Date of Last Revision: 07/2025

[Coding Implications](#)
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Policy Overview

To ensure higher quality laboratory tests are performed in the correct setting, the health plan will limit the performance of in-office laboratory testing to the CPT® and HCPCS codes listed in the Short Turnaround Time (STAT) laboratory (lab) code list included in this policy.

The purpose of this policy is to define payment criteria for in-office laboratory procedures to be used in making payment decisions and administering benefits. Furthermore, to encourage the specialization of independent labs to ensure higher quality laboratory tests are performed in the appropriate setting.

Application

Physicians and other qualified health professionals

Policy Description

During the course of a physician or other qualified health professional's face-to-face encounter with a patient, the provider may determine that diagnostic lab testing is necessary to establish a diagnosis and/or to select the best treatment option to manage the patient's care. These are tests that are needed immediately in order to manage medical emergencies or urgent conditions. To this end, specific clinical laboratory tests have been designated as appropriate to be performed in the office setting.

Reimbursement

Reimbursement for in-office laboratory procedures is limited to those codes listed in the STAT laboratory procedure code list (see the ***Coding and Modifier Information***) section below. Laboratory procedures not included on the STAT lab list may not be performed in the office and should be referred to an independent, contracted lab provider.

Note: Additional requirements from other policies may apply, even for the procedure codes considered payable in the physician's office.

Utilization

The health plan's automated claims adjudication system will deny in-office (location 11) laboratory procedures that are not included on the STAT lab list defined below.

Documentation Requirements

Not Applicable.

Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment

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policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

| CPT- HCPCS Code | Descriptor |
|-----------------------|--|
| 0202U | Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected |
| 0223U | Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected |
| 0224U | Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed |
| 0225U | Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, SARS-CoV-2, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected |
| 0226U | Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), ELISA, plasma, serum |
| 80305 | Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service |
| 80306 | Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); read by instrument assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service |
| 80307 | Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service |
| 80324 | Amphetamines; 1 or 2 |
| 80325 | Amphetamines; 3 or 4 |
| 80326 | Amphetamines; 5 or more |
| 80327 | Anabolic steroids; 1 or 2 |
| 80328 | Anabolic steroids; 3 or more |
| 80329 | Analgesics, non-opioid; 1 or 2 |
| 80330 | Analgesics, non-opioid; 3-5 |
| 80331 | Analgesics, non-opioid; 6 or more |
| 80332 | Antidepressants, serotonergic class; 1 or 2 |

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| CPT- HCPCS Code | Descriptor |
|--------------------------------|---|
| 80333 | Antidepressants, serotonergic class; 3-5 |
| 80334 | Antidepressants, serotonergic class; 6 or more |
| 80335 | Antidepressants, tricyclic and other cyclicals; 1 or 2 |
| 80336 | Antidepressants, tricyclic and other cyclicals; 3-5 |
| 80337 | Antidepressants, tricyclic and other cyclicals; 6 or more |
| 80338 | Antidepressants, not otherwise specified |
| 80339 | Antiepileptics, not otherwise specified; 1-3 |
| 80340 | Antiepileptics, not otherwise specified; 4-6 |
| 80341 | Antiepileptics, not otherwise specified; 7 or more |
| 80342 | Antipsychotics, not otherwise specified; 1-3 |
| 80343 | Antipsychotics, not otherwise specified; 4-6 |
| 80344 | Antipsychotics, not otherwise specified; 7 or more |
| 80345 | Barbiturates |
| 80346 | Benzodiazepines; 1-12 |
| 80347 | Benzodiazepines; 13 or more |
| 80348 | Buprenorphine |
| 80349 | Cannabinoids, natural |
| 80350 | Cannabinoids, synthetic; 1-3 |
| 80351 | Cannabinoids, synthetic; 4-6 |
| 80352 | Cannabinoids, synthetic; 7 or more |
| 80353 | Cocaine |
| 80354 | Fentanyl |
| 80355 | Gabapentin, non-blood |
| 80356 | Heroin metabolite |
| 80357 | Ketamine and norketamine |
| 80358 | Methadone |
| 80359 | Methylenedioxyamphetamines (MDA, MDEA, MDMA) |
| 80360 | Methylphenidate |
| 80361 | Opiates, 1 or more |
| 80362 | Opioids and opiate analogs; 1 or 2 |
| 80363 | Opioids and Opiate analogs; 3 or 4 |
| 80364 | Opioids and Opiate analogs; 5 or more |
| 80365 | Oxycodone |
| 80366 | Pregabalin |
| 80367 | Propoxyphene |
| 80368 | Sedative hypnotics (non-benzodiazepines) |
| 80369 | Skeletal muscle relaxants; 1 or 2 |
| 80370 | Skeletal muscle relaxants; 3 or more |
| 80371 | Stimulants, synthetic |
| 80372 | Tapentadol |
| 80373 | Tramadol |
| 80374 | Stereoisomer (enantiomer) analysis, single drug class |

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| CPT- HCPCS Code | Descriptor |
|--------------------------------|--|
| 80375 | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3 |
| 80376 | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6 |
| 80377 | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more |
| 83992 | Phencyclidine (PCP) |
| 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 |
| 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 |
| 81015 | Urinalysis; microscopic only |
| 81025 | Urine pregnancy test, by visual color comparison methods |
| 82043 | Albumin; urine (eg, microalbumin), quantitative |
| 82044 | Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay) |
| 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) |
| 82271 | Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources |
| 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 |
| 82565 | Creatinine; blood |
| 82731 | Fetal fibronectin, cervicovaginal secretions, semi-quantitative |
| 82947 | Glucose; quantitative, blood (except reagent strip) |
| 82948 | Glucose; blood, reagent strip |
| 82950 | Glucose; post glucose dose (includes glucose) |
| 82951 | Glucose; tolerance test (GTT), 3 specimens (includes glucose) |
| 82952 | Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure) |

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| CPT- HCPCS Code | Descriptor |
|-----------------------|--|
| 82962 | Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use |
| 83036 | Hemoglobin; glycosylated (A1C) |
| 83037 | Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use |
| 83655 | Lead |
| 83861 | Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity |
| 83986 | pH; body fluid, not otherwise specified |
| 84132 | Potassium; serum, plasma or whole blood |
| 84703 | Gonadotropin, chorionic (hCG); qualitative |
| 85013 | Blood count; spun microhematocrit |
| 85014 | Blood count; hematocrit (Hct) |
| 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) |
| 85049 | Blood count; platelet, automated |
| 85610 | Prothrombin time |
| 85651 | Sedimentation rate, erythrocyte; non-automated |
| 86308 | Heterophile antibodies; screening |
| 86318 | Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip) |
| 86328 | Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) |
| 86408 | Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); screen |
| 86409 | Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); titer |
| 86580 | Skin test; tuberculosis, intradermal |
| 86756 | Antibody; respiratory syncytial virus |
| 86769 | Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) |
| 87070 | Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates |
| 87172 | Pinworm exam (eg, cellophane tape prep) |
| 87205 | Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types |
| 87210 | Smear, primary source with interpretation; wet mount for infectious agents (e.g., saline, India ink, KOH preps) |
| 87220 | Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (e.g., scabies) |
| 87270 | Infectious agent detection by immunofluorescent technique, chlamydia trachomatis |
| 87301 | Infectious agent antigen detection by immunoassay technique, (eg, |

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| CPT- HCPCS Code | Descriptor |
|-----------------------|---|
| | enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; adenovirus enteric types 40/41 |
| 87400 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Influenza, A or B, each |
| 87426 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) |
| 87428 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B |
| 87430 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Streptococcus, group A |
| 87490 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique |
| 87491 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique |
| 87492 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification |
| 87635 | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique |
| 87800 | Infectious agent detection by nucleic acid (DNA or RNA) multiple organisms; direct probe(s) technique |
| 87802 | Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group B |
| 87803 | Infectious agent antigen detection by immunoassay with direct optical observation; Clostridium difficile toxin A |
| 87804 | Infectious agent antigen detection by immunoassay with direct optical observation; Influenza |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies |
| 87807 | Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus |
| 87808 | Infectious agent antigen detection by immunoassay with direct optical observation; Trichomonas vaginalis |

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| CPT- HCPCS Code | Descriptor |
|-----------------------|--|
| 87811 | Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) |
| 87880 | Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A |
| 87905 | Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid) |
| G0480 | Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed |
| G0481 | Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed |
| G0659 | Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes |
| Q0111 | Wet mounts, including preparations of vaginal, cervical or skin specimens |
| Q0112 | All potassium hydroxide (koh) preparations |

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| CPT- HCPCS Code | Descriptor |
|-----------------|---|
| U0001 | CDC 2019 novel coronavirus (2019-nCoV) real-time RT-PCR diagnostic panel |
| U0002 | 2019-nCoV coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC |

| Modifier | Descriptor |
|----------|----------------|
| NA | Not Applicable |

| ICD-10 Codes | Descriptor |
|--------------|----------------|
| NA | Not Applicable |

Definitions

Short Turnaround Time Lab Procedure

Laboratory tests and services that are needed immediately in order to manage urgent or emergent medical situations.

Independent Laboratory

A laboratory that is independent of an attending or consulting physician’s office and of hospital

Contracted Laboratory Provider

A provider that has entered into an agreement with the health plan to provide laboratory services at a reduced rate to the insurer’s or administrator’s clients.

Additional Information

Not Applicable

Related Documents or Resources

Not Applicable

References

1. *Current Procedural Terminology (CPT)®*, 2025
2. *HCPCS Level II*, 2025

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| Revision History | |
|-------------------------|---|
| 08/12/2017 | Initial Policy Draft |
| 10/4/2017 | Added the following allowable codes : 87490,87491,87492,84132,82565 |
| 04/24/2019 | Conducted review and updated policy |
| 11/7/2019 | Removed G0482 and G0483; Added 87400, 87430 and 87806 |
| 04/14/2020 | Added U0001, U0002, 87635, 86328 and 86769 for COVID-19 crisis |
| 10/20/2020 | Added U0003, U0004, C9803, G2023, G2024,0202U,0223U, 0224U, 87426 for Covid-19 |
| 12/26/2020 | Added additional codes for Covid -19 : 0225U, 0226U, 86318, 86408, 86409, 87301, 87428 |
| 08/01/2021 | Added 87800 |
| 08/03/2022 | Revised to Allow Procedure Code 87811, all plans, all products |
| 12/20/2022 | Remove code 83861 |
| 06/26/2023 | Revised to Allow Procedure Code 83861, all plans, all products |
| 08/29/2023 | Conducted annual review, updated policy dates, removed deleted codes G2023, G2024, U0003, and U0004 |
| 01/22/24 | Added note to reimbursement section that additional requirements from other policies may apply, even for the procedure codes considered payable in the physician’s office. |
| 11/14/2024 | Conducted annual review, updated policy dates, removed deleted code C9803 |
| 05/29/2025 | Added the following additional allowable codes: 84484, 87420, 87481, 87486, 87505, 87506, 87507, 87529, 87563, 87581, 87591, 87593, 87631, 87632, 87633, 87634, 87636, 87637, 87651, 87661, 0115U, 0240U, 0241U |
| 07/17/2025 | Conducted annual review, updated policy dates, removed deleted codes 0240U and 0241U. |

Important Reminder

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee, regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise

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professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

This payment policy is the property of Centene Corporation. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited.

Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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