Passport
BY MOLINA HEALTHCARE

Payment Policy 133
In-Office Laboratory Tests

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Passport by Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document may supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a state, the federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval.

Policy Overview

The laboratory services below are allowed in a physician's office for Passport by Molina Healthcare's Medicaid line of business. All other laboratory testing must be referred to an in-network laboratory provider, which is a certified, full-service laboratory offering a comprehensive test menu that includes routine, complex, drug, genetic testing, and pathology.

For more information about in-network laboratory providers, please consult the Passport Provider Directory. For testing available through in-network laboratory providers, or for a list of in-network laboratory provider patient services centers, please reach out to the in-network laboratory provider.

Reimbursement Guidelines

Specimen collection is allowed in a physician's office and may be compensated in accordance with your agreement with Passport by Molina Healthcare when applicable state and federal billing and payment rules and regulations allow.

Claims for tests performed in the physician's office but not listed below will be denied.

Code(s)	Description
80305	DRUG SCREEN, PRESUMPTIVE
80306	DRUG SCREEN, PRESUMPTIVE
80307	TESTING FOR PRESENCE OF DRUG, BY CHEMISTRY ANALYZERS
81025	URINE PREGNANCY TEST
82247	BILIRUBIN LEVEL, TOTAL
82248	BILIRUBIN LEVEL, DIRECT
82465	CHOLESTEROL SERUM/WHOLE BLOOD TOTAL
82731	FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN
82947	GLUCOSE, QUANTITATIVE
82948	GLUCOSE; BLOOD, REAGENT STRIP
82950	GLUCOSE POST GLUCOSE DOSE
82951	GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS
82952	GLUCOSE; TOLERANCE TEST, EACH ADDITIONAL BEYOND 3 SPECIEMENS (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
82962	GLUCOSE TESTING, CLIA WAIVED METHODOLOGY
83036	HEMOGLOBIN; GLYCOSYLATED (ALE)

83037	HEMOGLOBIN; GLYCOSYLATED (AIC) BY DEVICE
83655	LEAD SCREENING
84443	TSH
84702	GONADOTROPIN CHORIONIC QUANTITATIVE
84703	GONADOTROPIN CHORIONIC QUALITATIVE
85007	BLOOD COUNT, DIFFERENTIAL, WBC
85014	HEMATOCRIT
85018	HEMOGLOBIN
85049	PLATELET, AUTOMATED COUNT
85060	PERIPHERAL SMEAR
85610	PROTHROMBIN TIME
86308	HETEROPHILE, MONO TEST
86318	IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH
86328	IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19
86403	PARTICLE AGGLUT ANTBDY SCM
86413	SEV AQT RESPIR SYND CORONAVIRUS 2 ANTIBODY QUAN
86580	TUBERCULOSIS
86769	ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19
87070	CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL
87081	CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMJ
87172	PINWORM EXAM
87210	SMEAR, WET MOUTH
87220	TISSUE EXAM
87270	IAADI CHLAMYDIA TRACHOMATIS
87400	INFLUENZA
87426	IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS
87428	IAAD IA SARSCOV and INFLUENZA VIRUS TYPES A and B
87430	IAAD IA STREPTOCOCCUS GROUP A
87490	IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ
87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ
87492	CHYLMD TRACH DNA QUANT
87502	INFLUENZA DNA AMP PROBE
87631	RESP VIRUS 3-5 TARGETS
87635	IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ
87636	IADNA SARSCOV2 and INF A and B MULT AMPLIFIED PROBE TQ
87637	IADNA SARSCOV2 and INF A and B and RSV MULT AMP PROBE
87800	DETECT AGNT MULT DNA DIRECT
87804	INFLUENZA
87807	RSV
87808	IAADIADOO TRICHOMONAS VAGINALIS
87811	IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS
87880	INFECTIOUS AGENT ANTIGEN DETECTION, RAPID STREP
88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS
89320	SEMEN ANALYSIS
81000 - 81005	URINALYSIS
82043 - 82044	URINE MICROALBUMIN
82270 - 82272	BLOOD, OCCULT
82565 - 82575	CREATININE

85025 - 85027	CBC
0202U	NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2
0223U	NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2
0225U	NFCT DS DNA and RNA 21 TARGETS SARS-COV-2 AMP PROBE
0240U	NFCT DS RNA 3 TARGETS UPPER RESPIRATORY SPECIMEN
0241U	NFCT DS RNA 4 TARGETS UPPER RESPIRATORY SPECIMEN
G0480	DRUG TEST DEF 1-7 CLASSES
G0659	DRUG TEST DEF SIMPLE ALL CL
U0001	CDC 2019 NOVEL CORONAVIRUS RT RT-PCR DX PANEL
U0002	2019-NCOV CORONAVIRUS SARS-COV-2/2019-NCOV

Audit and Recovery Process:

- **Review:** Claims will be meticulously examined against Passport by Molina Healthcare's standards.
- **Discrepancy Identification:** Any inconsistencies or errors identified will be documented.
- **Recovery:** Overpayments due to inaccuracies will be recovered either by offsetting from future payments or through direct refund requests.
- **Appeals:** Providers reserve the right to contest any claim adjustments or denials. Details of the appeal process will accompany the notification.

Policy Monitoring, Review, and Updates:

- The policy will undergo annual reviews or as required, ensuring its alignment with industry best practices, regulatory mandates, and Passport by Molina Healthcare's operational necessities. Any updates will be promptly communicated to providers.

Supplemental Information

Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.

Documentation History

Type	Date	Action
Effective Date	10/13/2023	New Policy
Revised Date	04/17/2024	Revised to include G0483
Revised Date	02/08/2026	Revised to be Passport Medicaid specific Revised to remove the following CPT code: 80047, 80048, 80050, 80053, 80055, 80061, 80069, 80081, 81528, 82075, 82105, 82106, 82274, 82746, 82977, 83632, 83661, 83664, 83701, 83704, 83718, 83721, 83722, 83735, 84100, 84152, 84153, 84154, 84436, 84437, 84439, 84478, 84704, 85008, 85032, 85576, 86140-86141, 86592, 86593, 86631, 86632, 87071, 87086, 87164, 87166, 87320, 87590, 87591, 87592, 87624, 87625, 87634, 87650, 87651, 87660, 87661, 87810, 87850, 88141, 88142, 88143, 88147, 88148, 88150-88155, 88164-88167, 88174-88175, 88235 and G0483. Revised to add the following CPT codes: 82948 and 82952.

Coding

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes that are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Passport by Molina Healthcare Passport by Molina Healthcare adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. When improper billing and coding are not followed, Passport by Molina Healthcare has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Passport reserves the right to revise this policy as needed.

This policy is designed to provide guidance and is not a guarantee of payment. Healthcare providers should make medical necessity determinations based on the individual clinical circumstances of each patient.