

Title: STAT Labs
Policy #: RB.006.A
Type: Claim Payment
Sub-Type: RB (Reimbursement)

Original Implementation Date: 7/1/2016
Version Date: 7/1/2016
Last Reviewed: 3/31/2020

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This policy applies to all HealthPartners Plans (HPP) lines of business.

Participating providers will be reimbursed for STAT labs when the test results are needed immediately in order to manage medical emergencies or prevent potential medical emergencies.

N/A

Prior authorization is not required for STAT labs.

STATS labs must be ordered by a participating professional provider such as a primary care physician or a specialist.

Providers must report modifier "ET" when performing STAT labs.

Providers must report "STAT" on their claim form for the STAT lab. Payment will be made for the lab charge only but not for the "STAT" fee charges.

The diagnosis of the claim must support the urgency of each STAT lab billed.

In all cases, the appropriate documentation must be kept on file and, upon request, presented to Health Partners Plans.

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NOTE: The Current Procedural Terminology (CPT[®]) codes and Healthcare Common Procedure Coding System (HCPCS) codes listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

The following CPT codes are considered STAT labs.

Code	Description
80048	BMP Ca total
80053	Comprehensive metabolic panel
80076	Hepatic function panel
80157	Carbamazepine free
80164	Assay valproic acid; total
80184	Phenobarbital
80185	Phenytoin total
81001	Urinalysis, automated with microscope
81005	Urinalysis qualitative
81015	Urinalysis, microscope only
81025	Urine pregnancy test
82247	Bilirubin total
82248	Bilirubin direct
82310	Assay calcium; total
82330	Assay calcium; ionized
82803	Gases, blood panel
82947	Assay glucose blood quant
84443	Assay Thyroid Stim Hormone
84484	Assay troponin quant
84702	Chorionic gonadotropin test
85007	Bld smear w/ diff wbc count
85014	Hematocrit
85018	Hgb

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Code	Description
85025	Complete cbc w/ auto diff wbc
85045	Blood count, reticulocyte, automated
85610	Prothrombin time
85730	Thromboplastin time partial
86880	Coombs test
87400	Influenza
87804	Influenza

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This reimbursement policy does not constitute a description of benefits. This policy assists in the administration of the member’s benefits, which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits or excluded completely from coverage.

Usually, laboratory tests are ordered by a physician and performed at a participating laboratory vendor.

A participating physician may order and/or perform a laboratory test without using the participating laboratory testing vendor in emergency situations. These tests are considered STAT labs.

STAT lab results are needed immediately in order to manage a member’s medical emergencies or prevent potential medical emergencies.

N/A

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making.

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This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Effective Date
2020 review. No changes to policy.	A	7/1/2016
New Policy.	A	7/1/2016

N/A