



Medica Central Coverage Policy

Policy Name: Laboratory Testing MP9539

Effective Date: 10/01/2024

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Laboratory tests are **COVERED** when the individual test or panel:

1. Has been reviewed within The Health Plan's technology assessment process, is considered a covered service, and is published as a Coverage or Utilization Management Policy.

<or>

2. Meets The Health Plan's definition of a standard laboratory test, as defined in the description section of this policy and is ordered and submitted from or under the direction of a physician.

Laboratory tests are **NOT COVERED** when the individual test or panel:

1. Has been reviewed within The Health Plan's technology assessment process, is considered investigative and therefore **NOT COVERED**, and is published as a Coverage Policy. <or>
2. Meet The Health Plan's definition of a non-standard laboratory test, as defined in the description section of this policy. These tests are not medically necessary and therefore **NOT COVERED**.

<or>

3. Is self-referred/submitted by the member (i.e., not ordered and submitted from or under the direction of a physician).

Description

Services not medically necessary are excluded from coverage. Services that are not medically necessary include, but are not limited to, services that are inconsistent with the medical



Medica Central Coverage Policy

standards and accepted practice parameters of the community and services that are inappropriate, in terms of type, frequency, level, setting, and duration, to the member's diagnosis or condition.

The Health Plan defines a standard laboratory test or panel as:

1. A test/panel performed in a CLIA-certified clinical laboratory setting (e.g., hospital laboratories; physician offices; reference laboratories contracted with multiple inpatient/outpatient facilities or multiple physician clinics)

<and>

2. Recognized as clinically valid by at least one of the following professional organizations (Note: list may not be exhaustive):
 - a. American Society of Clinical Pathology (ASCP)
 - b. Association for Molecular Pathology (AMP)
 - c. Clinical and Laboratory Standards Institute (CLSI)
 - d. College of American Pathologists (CAP)
 - e. National Committee for Clinical Laboratory Standards (NCCLS)

The Health Plan defines a non-standard laboratory test as:

1. Not meeting the criteria of a standard laboratory test defined above,

<or>

2. Possessing one or more of the following attributes:
 - a. A test proposed for the diagnosis and/or monitoring of a condition or disease state which is inconsistent with medical standards and accepted practice parameters of the community.
 - b. A test using a methodology other than that employed in standard medical practice (e.g., spectroscopy analysis instead of a standard culture for microorganisms)
 - c. A test using a specimen type other than that employed in standard medical practice (e.g., a saliva specimen instead of a standard blood collection)
 - d. Panels comprised of numerous analytes - a high number of which do not impart clinical utility to the diagnosis or management of the disease or condition under consideration. (e.g., a hormone panel measuring multiple analytes when two analytes are recognized as standard medical practice.)
 - e. Test results reported in laboratory reporting values not recognized as national or international values employed in standard laboratory practice (e.g., low-medium-high versus micrograms/liter).

Prior Authorization

Prior authorization is not applicable.

Coding Considerations

Use the current applicable CPT/HCPCS code(s).

CPT Codes:

Laboratory tests are to be submitted with the Current Procedural Terminology Code (CPT) or



Medica Central Coverage Policy

Healthcare Common Procedure Code (HCPC) specific to the actual test or panel of tests being performed. If specific code(s) are not available an appropriate unlisted code with detailed description should be submitted. The Health Plan reserves the right to obtain additional information on specific tests / test panels from the laboratory performing the analysis when the submitted CPT or HCPC code(s) is (are) general in nature/non-specific.

	Committee/Source	Date(s)
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Administrative Update	July 17, 2024, policy list revisions (Attachment 1)	
	06/24/2025 - Policy list revisions (Attachment I)	



Medica Central Coverage Policy

Attachment 1: Policies Specific to Laboratory Tests

The following list is subject to change without notice. Consult the [policy library](#) on [Medica.com](#) for a complete listing of the Coverage and Utilization Management Policies.

The Health Plan has the following Coverage Policies related to lab tests:

1. Biochemical Biomarker Panels for Assessing Hepatitis-Associated Liver Disease
2. Blood Coagulation Home Testing Devices
3. Collagen Cross Links Tests as Markers of Bone Turnover
3. Cytotoxic Testing for Allergy Diagnosis
4. Exhaled Breath Tests for Asthma and Other Inflammatory Pulmonary Conditions: Exhaled Nitric Oxide Breath Test and Exhaled Breath Condensate pH Measurement
5. Fecal Calprotectin Testing
6. Food Allergy/Intolerance Testing (in vitro)
7. Genetic Testing: Specialty Testing: Dermatology
8. Genetic Testing: Specialty Testing: Ophthalmology
9. Genetic Testing: Specialty Testing: Neurology
10. Genetic Testing: Specialty Testing: Otolaryngology
11. Genetic Testing: Specialty Testing: Gastroenterology
12. Genetic Testing - Specialty Testing: Toxicology and Pharmacogenetics
13. Genetic Testing: General Approach to Laboratory Testing
14. Genetic Testing: Specialty Testing: Immunology & Rheumatology
15. Genetic Testing: Specialty Testing: Nephrology
16. Genetic Testing: Specialty Testing: Respiratory
17. Genetic Testing: Specialty Testing: Endocrinology
18. Genetic Testing - Specialty Testing: Cardiovascular
19. Genetic Testing: Specialty Testing: Multisystem Genetic Conditions
20. Genetic Testing: Oncology - Algorithmic Assays
21. Genetic Testing: Oncology - Cancer Screening and Surveillance
22. Genetic Testing: Oncology - Hereditary Cancer
23. Genetic Testing: Oncology - Solid Tumor Molecular Diagnostics
24. Genetic Testing: Reproductive Testing - Prenatal Diagnosis
25. Genetic Testing: Reproductive Testing -Prenatal Screening
26. Genetic Testing: Reproductive Testing - Fertility
27. Genetic Testing: Reproductive Testing - Carrier Screening
28. Genetic Testing: Specialty Testing – Orthopedics
29. Genetic Testing: Specialty Testing – Transplant
30. Genetic Testing: Specialty Testing – Nutrition and Metabolism



Medica Central Coverage Policy

31. Genetic Testing: Specialty Testing – Hematology
32. Genetic Testing: Specialty Testing – Identity and Forensics
33. Hair Analysis in the Clinical Setting
34. In Vitro Chemosensitivity & Chemoresistance Assays
35. Lipoprotein-Associated Phospholipase A2 (Lp-PLA2) Immunoassay for Prediction of Risk for Coronary Heart Disease or Ischemic Stroke (PLAC® Test)
36. Lipoprotein Subclass Testing for Screening, Evaluation, and Monitoring of Cardiovascular Disease
37. Residential Facility and Outpatient Urine Drug Testing (UDT), Presumptive and Definitive
38. Salivary Estriol Test for Preterm Labor
39. Salivary Hormone Tests
40. Serial Dilution Endpoint Titration for Diagnosis and Treatment of Airborne Allergy
41. Three Dimensional (3-D) Printed Anatomic Modeling for Surgical Planning
42. Vitamin D Testing for Screening