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1. Section Modifications

Version	Section/ Column	Modification Description	Date	SME
3.0	All	Published version	5/23/2012	TQD
2.1	2.3.2.3 Presumptive Eligibility (PE)/Pregnant Woman (PW) Services	Updated link	5/23/2012	TQD
2.0	All	Published version	08/27/2010	TQD
1.3	All	Replaced member with participant	08/27/2010	C Stickney
1.2	2.2.	Updated PA information	08/27/2010	C Stickney
1.1	All	Updated numbering for sections to accommodate Section Modifications	08/27/2010	C Stickney
1.0	All	Initial document – Published version	05/07/2010	Molina/TQD

2. Laboratory

2.1. Introduction

2.1.1. General Policy

This section covers laboratory and pathology services that are covered by the Idaho Department of Health and Welfare (IDHW). It addresses the following:

- Claims payment.
- Prior authorization (PA).
- Healthy Connections (HC).
- Laboratory coverage and requirements.

For more information on billing services that require PA, see *Prior Authorization (PA)* in the *General Billing Information* handbook.

2.2. Prior Authorization (PA)

Some pathology/laboratory services require PA. For further detail on what services require PA please call MACS at 1 (208) 373-1424 or 1 (866) 686-4272.

To obtain a PA for pathology/laboratory services contact the Medicaid Medical Care unit at (208)364-1839.

Note

Claims for services requiring PA will be denied if the provider did not obtain a PA from the authorizing authority.

2.3. Laboratory Services

2.3.1. Independent Laboratories

Independent laboratories are not affiliated with a specific physician's office and must have a separate provider number. They may provide testing for multiple groups of physicians. Independent laboratories must bill Idaho Medicaid directly for the services they render.

Independent laboratories must hold a current Clinical Laboratory Improvement Amendments (CLIA) certificate before Medicaid will reimburse for testing performed in the laboratory. Payments may be denied to any laboratory submitting claims for services not covered by a CLIA certificate and for services rendered outside the effective dates of a CLIA certificate. A current CLIA certificate must be on file with Idaho Medicaid.

2.3.2. Laboratory Procedures

When billing a professional or technical component remember to include the national standard modifiers when appropriate.

2.3.2.1. Venipuncture

Use procedure code 36415 for routine venipuncture and collection of specimens.

2.3.2.2. Special Services

Handling and conveyance of specimens for transfer to a laboratory from place of service 12 (Residence) or 32 (Nursing Home) are covered by Medicaid when billed with procedure code 99001.

2.3.2.3. Presumptive Eligibility (PE)/Pregnant Woman (PW) Services

Services rendered to Medicaid participants eligible for the PE or PW Programs must have a pregnancy diagnosis or documentation to substantiate how the service was pregnancy related.

For more information on PE and PW see *General Provider and Participant Information, Benefit Plan Coverage*. Providers can obtain the pregnancy related Medical Necessity form online at [Health PAS-OnLine](#).

2.3.2.4. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services

Federal requirements mandate that all Medicaid eligible children ages 12 months and again at 24 months be tested for lead poisoning. The U.S. Centers for Disease Control (*Preventing Lead Poisoning in Young Children*, October 1991) no longer recommends the use of erythrocyte protoporphyrin (EP) for blood lead level testing. Idaho Medicaid follows the American Academy of Pediatrics periodicity schedule. Contact the Medicaid Medical Care Unit at (208)364-1839 for more information.

2.3.3. Place-of-Service (POS) Codes

Enter POS code 81 when billing for services in an independent laboratory

2.3.4. Modifiers

When a repeat procedure is ordered on the same day, for the same participant, report with modifier **91**.