Highmark Reimbursement Policy Bulletin

HISTORY VERSION

Bulletin Number:	RP-074		
Subject:	Diagnostic Pathology Services		
Effective Date:	August 1, 2022	**End Date:**	July 1, 2025
Issue Date:	September 29, 2025	**Revised Date:**	September 2025
Date Reviewed:	September 2025		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY** ☐
Applicable Medicare Advantage Market	**PA**	☐	**WV**	☐	**DE**	☐	**NY** ☐
Applicable Claim Type	**UB**	☐	**1500**	☒			

A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan.

PURPOSE:

This policy documents how the Plan has and will continue to reimburse Diagnostic Pathology services that do not have pricing on the Medicare Clinical Laboratory Fee Schedule.

REIMBURSEMENT GUIDELINES:

For dates of service January 1, 2022, and thereafter, the Plan will reimburse Diagnostic Pathology services at 70% of the first appearance on a Medicare Clinical Laboratory Fee Schedule, or a carrier's fee schedule.

For **covered** Diagnostic Pathology services that do **not** have a published fee on the Medicare Clinical Laboratory Fee Schedule, the Plan will reimburse 51% of the billed charge for dates of service January 1, 2022, and thereafter.

POLICY UPDATE HISTORY INFORMATION:

8 / 2022	Implementation
9 / 2025	Policy end dated retro effective to July 1, 2025

Highmark Reimbursement Policy Bulletin

Bulletin Number:	RP-074		
Subject:	Diagnostic Pathology Services		
Effective Date:	August 1, 2022	**End Date:**	
Issue Date:	August 26, 2022	**Revised Date:**	
Date Reviewed:	August 2022		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☐
Applicable Medicare Advantage Market	**PA**	☐	**WV**	☐	**DE**	☐	**NY**	☐
Applicable Claim Type	**UB**	☐	**1500**	☒				

A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

This policy documents how the Plan has and will continue to reimburse Diagnostic Pathology services that do not have pricing on the Medicare Clinical Laboratory Fee Schedule.

REIMBURSEMENT GUIDELINES:

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POLICY UPDATE HISTORY INFORMATION:

8 / 2022	Implementation