# Highmark Reimbursement Policy Bulletin

HIGHMARK.

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| **Bulletin Number:** | MRP-002 | | |
| **Subject:** | Reporting Clinical Pathology Consultation Services | | |
| **Effective Date:** | August 23, 2021 | **End Date:** | |
| **Issue Date:** | September 1, 2022 | **Revised Date:** | September 2022 |
| **Date Reviewed:** | August 2022 | | |
| **Source:** | Reimbursement Policy | | |

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| **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:**

A clinical pathology consultation is a service rendered by the pathologist in response to a request from an attending physician in relation to a test result(s) requiring additional medial interpretive judgment.

**REIMBURSEMENT GUIDELINES:**

The following codes should be reported for consultation services based on the criteria listed below:

80503 80504 80505 80506

Clinical consultation services are paid under the physician fee schedule based on the following:

- Clinical consultation services are requested by the patient's attending physician;
- The services are related to a test result that lies outside the clinically significant normal or expected range in view of the condition of the patient;
- Clinical consultation services are documented in a written narrative report beyond the original diagnostic procedural assessment, included in the patient's permanent medical record; and requires the documented exercise of medical judgement by the consulting physician.

Routine conversations held between a laboratory director and an attending physician regarding test orders and results do not qualify as consultation services unless all the above requirements above are met.

**RELATED HIGHMARK POLICIES:**

Refer to the following Reimbursement Policies for additional information:

- RP-016: Physician Laboratory and Pathology Services
- RP-035: Correct Coding Guidelines

**REFERENCES:**

- Centers for Medicare and Medicaid Services: Chapter 12 Section 60.3 Clinical Consultation Services

**POLICY UPDATE HISTORY INFORMATION:**

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|---|---|
| 7 / 2021 | Implementation |
| 11 / 2021 | Added DE Med Advantage Market effective 1.1.22 |
| 3 / 2022 | Changed Policy Header |
| 4 / 2022 | Removed codes 80500 and 80502, replaced with 80503, 80504, 80505, 80506 |
| 9 / 2022 | Added policy applicable to New York Medicare Advantage |