

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-017  
**Subject:** Evocative or Suppression Testing Panels  
**Effective Date:** October 27, 2017      **End Date:**  
**Issue Date:** July 24, 2023      **Revised Date:** July 2023  
**Date Reviewed:** July 2023  
**Source:** Reimbursement Policy

|   |    |                                     |      |                                     |    |                                     |    |                                     |
|---|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|----|-------------------------------------|
| <b>Applicable Commercial Market</b>         | PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| <b>Applicable Medicare Advantage Market</b> | PA | <input type="checkbox"/>            | WV   | <input type="checkbox"/>            | DE | <input type="checkbox"/>            | NY | <input type="checkbox"/>            |
| <b>Applicable Claim Type</b>                | UB | <input checked="" type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> |    |                                     |    |                                     |

➔ 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 addresses the reporting of the laboratory component of test panels and the overall testing protocol for Evocative/Suppression Testing.

## REIMBURSEMENT GUIDELINES:

The minimum component tests listed with each panel code listed below must be performed in order for the panel code to be reported. If fewer than the minimum tests are performed, payment should be made for the individual tests. In the code descriptors where reference is made to a particular analyte (e.g., Cortisol (82533 x 2), the "x 2" refers to the number of times the test for that particular analyte is performed.

|       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|
| 80400 | 80402 | 80406 | 80408 | 80410 | 80412 | 80414 | 80415 |
| 80416 | 80417 | 80418 | 80420 | 80422 | 80424 | 80426 | 80428 |
| 80430 | 80432 | 80434 | 80435 | 80436 | 80438 | 80439 |       |

**Note:** Do not combine the charges for evocative/suppression testing panels (80400-80439) with organ or disease-oriented panel tests (80050-80076) if reported separately.

**RELATED POLICIES:**

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

**ADDITIONAL BILLING INFORMATION AND GUIDELINES:**

- Current version of AMA CPT Manual, Pathology and Laboratory section. *Current Procedure Terminology Manual (CPT®)* is copyright American Medical Association. All rights Reserved. The AMA assumes no liability for the data contained in this policy.

**POLICY UPDATE HISTORY INFORMATION:**

|           |  |
|-----------|--|
| 10 / 2017 | Implementation   |
| 11 / 2021 | Added NY region applicable to the policy                         |
| 6 / 2022  | Removed MP Reference L-27 It was archived 8/2021                 |
| 7 / 2023  | Administrative policy review with no changes in policy direction |

# Highmark Reimbursement Policy Bulletin

HISTORY VERSION



**Bulletin Number:** RP- 017  
**Subject:** Evocative or Suppression Testing Panels  
**Effective Date:** October 27, 2017      **End Date:**  
**Issue Date:** June 27, 2022      **Revised Date:** June 2022  
**Date Reviewed:** June 2022  
**Source:** Reimbursement Policy

|   |    |                                     |      |                                     |    |                                     |    |                                     |
|---|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|----|-------------------------------------|
| <b>Applicable Commercial Market</b>         | PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| <b>Applicable Medicare Advantage Market</b> | PA | <input type="checkbox"/>            | WV   | <input type="checkbox"/>            | DE | <input type="checkbox"/>            | NY | <input type="checkbox"/>            |
| <b>Applicable Claim Type</b>                | UB | <input checked="" type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> |    |                                     |    |                                     |

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 addresses the reporting of the laboratory component of test panels and the overall testing protocol for Evocative/Suppression Testing.

## REIMBURSEMENT GUIDELINES:

The minimum component tests listed with each panel code listed below must be performed in order for the panel code to be reported. If fewer than the minimum tests are performed, payment should be made for the individual tests. In the code descriptors where reference is made to a particular analyte (e.g., Cortisol (82533 x 2), the "x 2" refers to the number of times the test for that particular analyte is performed.

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|-------|-------|-------|-------|-------|-------|-------|-------|
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| 80416 | 80417 | 80418 | 80420 | 80422 | 80424 | 80426 | 80428 |
| 80430 | 80432 | 80434 | 80435 | 80436 | 80438 | 80439 |       |

**Note:** Do not combine the charges for evocative/suppression testing panels (80400-80439) with organ or disease-oriented panel tests (80050-80076) if reported separately.

**ADDITIONAL BILLING INFORMATION AND GUIDELINES:**

- Current version of AMA CPT Manual, Pathology and Laboratory section. *Current Procedure Terminology Manual (CPT®)* is copyright American Medical Association. All rights Reserved. The AMA assumes no liability for the data contained in this policy.

**POLICY UPDATE HISTORY INFORMATION:**

|           |  |
|-----------|--|
| 10 / 2017 | Implementation                                   |
| 11 / 2021 | Added NY region applicable to the policy         |
| 6 / 2022  | Removed MP Reference L-27 It was archived 8/2021 |

HISTORY

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP- 017  
**Subject:** Evocative or Suppression Testing Panels  
**Effective Date:** October 27, 2017 **End Date:**  
**Issue Date:** November 1, 2021 **Revised Date:** July 2021  
**Date Reviewed:** July 2021  
**Source:** Reimbursement Policy

|   |    |                                     |      |                                     |    |                                     |    |                                     |
|---|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|----|-------------------------------------|
| <b>Applicable Commercial Market</b>         | PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| <b>Applicable Medicare Advantage Market</b> | PA | <input type="checkbox"/>            | WV   | <input type="checkbox"/>            | DE | <input type="checkbox"/>            | NY | <input type="checkbox"/>            |
| <b>Applicable Claim Type</b>                | UB | <input checked="" type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> |    |                                     |    |                                     |

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 addresses the reporting of the laboratory component of test panels and the overall testing protocol for Evocative/Suppression Testing.

**REIMBURSEMENT GUIDELINES:**

The minimum component tests listed with each panel code listed below must be performed in order for the panel code to be reported. If fewer than the minimum tests are performed, payment should be made for the individual tests. In the code descriptors where reference is made to a particular analyte (e.g., Cortisol (82533 x 2), the "x 2" refers to the number of times the test for that particular analyte is performed.

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**Note:** Do not combine the charges for evocative/suppression testing panels (80400-80439) with organ or disease-oriented panel tests (80050-80076) if reported separately.

**RELATED MEDICAL POLICIES:**

Refer to the following Commercial Medical Policies for additional information:

- L-27: Organ or Disease Oriented Panels

**ADDITIONAL BILLING INFORMATION AND GUIDELINES:**

- Current version of AMA CPT Manual, Pathology and Laboratory section. *Current Procedure Terminology Manual (CPT®)* is copyright American Medical Association. All rights Reserved. The AMA assumes no liability for the data contained in this policy.

**POLICY UPDATE HISTORY INFORMATION:**

|           |  |
|-----------|--|
| 10 / 2017 | Implementation                           |
| 11 / 2021 | Added NY region applicable to the policy |

HISTORY

# Highmark Reimbursement Policy Bulletin



**Bulletin Number:** RP-017  
**Subject:** Evocative or Suppression Testing Panels  
**Effective Date:** October 30, 2017      **End Date:**  
**Issue Date:** October 30, 2017  
**Source:** Reimbursement Policy

|   |    |                                     |      |                                     |    |                                     |
|---|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|
| <b>Applicable Commercial Market</b>         | PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> |
| <b>Applicable Medicare Advantage Market</b> | PA | <input type="checkbox"/>            | WV   | <input type="checkbox"/>            |    |                                     |
| <b>Applicable Claim Type</b>                | UB | <input checked="" type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> |    |                                     |

Reimbursement Policy designation of Professional or Facility application is respective to how the provider is contracted with The Plan. Provider contractual agreements supersede Reimbursement Policy direction and regional applicability.

## PURPOSE:

This policy addresses the reporting of the laboratory component of test panels and the overall testing protocol for Evocative/Suppression Testing.

## REIMBURSEMENT GUIDELINES:

The minimum component tests listed with each panel code listed below must be performed in order for the panel code to be reported. If fewer than the minimum tests are performed, payment should be made for the individual tests. In the code descriptors where reference is made to a particular analyte (e.g., Cortisol (82533 x 2), the "x 2" refers to the number of times the test for that particular analyte is performed.

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| 80430 | 80432 | 80434 | 80435 | 80436 | 80438 | 80439 |       |

Do not combine the charges for evocative/suppression testing panels (80400-80439) with organ or disease oriented panel tests (80050-80076) if reported separately.

*This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.*

**RELATED MEDICAL POLICIES:**

Refer to the following Medical Policies for additional information:

- Commercial Medical Policy L-27: Organ or Disease Oriented Panels

**ADDITIONAL BILLING INFORMATION AND GUIDELINES:**

- Current version of AMA CPT Manual, Pathology and Laboratory section. *Current Procedure Terminology Manual (CPT®)* is copyright American Medical Association. All rights Reserved. The AMA assumes no liability for the data contained in this policy.

HISTORY