

# 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

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input 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 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 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
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