

Highmark Reimbursement Policy Bulletin



Bulletin Number: RP-082
Subject: Lab Panel Testing
Effective Date: May 19, 2025 **End Date:**
Issue Date: May 19, 2025 **Revised Date:**
Date Reviewed:
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Claim Type	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:

Certain laboratory tests can be included within a more comprehensive laboratory panel grouping. This policy addresses the circumstances surrounding the appropriate reimbursement of tests that are billed individually by the same provider on the same date of service.

REIMBURSEMENT GUIDELINES:

Sexually Transmitted Infection (STI) Testing

When two or more single STI testing codes are billed separately by the same provider on the same date of service, the Plan will combine the codes using the comprehensive panel code 87801 and apply the applicable allowance for 87801. Reimbursement will be made based on a single unit of 87801, regardless of the number of units billed for each single testing code. Modifiers will not override this direction.

Applicable Single STI Testing Codes: 87661 87491 87591

Applicable Comprehensive STI Panel Code: 87801

DEFINITIONS:

Term or Acronym	Definition
Laboratory Panel Test	A laboratory procedure in which a series of tests is performed on one specimen, usually related to a single condition or disease, or for differential diagnosis.

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Current Procedure Terminology Manual (CPT®)

Note: 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.

REFERENCES:

- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.
- Centers for Medicare and Medicaid Services, CMS Manual Pub. 100-04, Chapter 12
- Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications and other CMS publications

RELATED POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-015: Professional and Technical Components for Applicable Services
- RP-016: Physician Laboratory and Pathology Services
- RP-035: Correct Coding Guidelines

POLICY UPDATE HISTORY INFORMATION:

5 / 2025	Implementation
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