Highmark Reimbursement Policy Bulletin

HISTORY VERSION

Bulletin Number:	MRP-002		
Subject:	Reporting Clinical Pathology Consultation Services		
Effective Date:	August 23, 2021	**End Date:**	August 31, 2026
Issue Date:	September 1, 2022	**Revised Date:**	September 2022
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.

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:

Codes 80503, 80504, 80505, and 80506 should be reported for consultation services based on the criteria listed below.

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 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:

9 / 2022	Added policy applicable to New York Medicare Advantage
8 / 2026	Merged policy direction to RP-016

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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

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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:

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