

To: McLaren Health Plan Hospital Laboratory Providers

From: McLaren Health Plan Network Development

Date: April 2015

Re: Reference Lab Billing Requirements

As laboratory testing continues to become increasingly specialized, hospital laboratories may find it necessary to refer specimens to reference laboratories for testing if they lack the capability to process the specimens in-house. This information pertains to covered laboratory procedures performed by reference laboratories that are under contractual arrangements with McLaren Health Plan contracted Hospitals. This would include any laboratory procedure covered by CPT codes 80000 – 89999, or any applicable HCPCS codes.

Definitions of reference and referring laboratories are as follows:

- Reference laboratory – A laboratory that receives a specimen from another, referring laboratory for testing and that actually performs the test (does not bill McLaren Health Plan)
- Referring laboratory – A laboratory that receives a specimen to be tested and that refers the specimen to another laboratory for performance of the laboratory test (submits claim to McLaren Health Plan)

Following Medicare and Medicaid guidelines and applicable State and Federal laws, in situations where a contracted hospital laboratory must refer a specimen to a reference laboratory, the contracted laboratory will be allowed to bill McLaren Health Plan for the services provided by the reference laboratory under the following conditions:

1. The reference laboratory holds the required Clinical Laboratory Improvement Amendments (CLIA) certification and State licensure, if required, to perform the test;
2. The contracted hospital laboratory and the reference laboratory have a contractual agreement to provide such services with the hospital laboratory responsible for reimbursing the reference laboratory for the services; and
3. If the service requires pre-authorization, the contracted hospital laboratory must request and receive pre-authorization from McLaren Health Plan for the services to be performed by the reference laboratory. The pre-authorization number must be included on the claim.

For a list of laboratory services that require pre-authorization, please visit our website at McLarenHealthPlan.org and follow the links to Providers/Referrals and Requests for Pre-Authorization/Pre-Authorization Program Guidelines.

McLaren Health Plan Contracted Hospitals who are the JVHL Provider network will continue to submit all laboratory claims through their JVHL agreement.

If you have any questions, please contact your Network Development Coordinator at (888) 327-0671.

MHP20150312