All providers participating in the Preferred Care PPO network must refer members to preferred reference lab vendors when lab services are needed and are not performed in the provider’s office. Physicians who do not adhere to these referral guidelines may be subject to penalties as described in their provider contracts.

Please refer to the preferred lab requirements listed below to ensure your patients with Preferred Care PPO coverage receive the maximum benefits to which they are entitled. A list of preferred reference labs that must be used is also included on the back of this guide. This speed guide provides you with a quick guide to the preferred reference lab requirements.

### Special Arrangements
Special arrangements for weekend or after-hour pickups may not be available at all preferred reference labs. Please contact the preferred reference labs directly to make special arrangements.

### Provider Inquiries and Satisfaction
You can access member’s benefits, eligibility and allowable charges using iLinkBlue (www.bcbsla.com/ilinkblue). If you have questions regarding a member’s coverage, please call Provider Services at 1-800-922-8866.

Please let us know if any quality issues arise so we can work with the appropriate lab to improve service and ensure that you and your patients receive the service you expect and deserve.

### Ordering Physician Requirements
The ordering/referring provider NPI is required on all lab claims otherwise the claim will be returned requesting that the claim be refiled with the ordering provider’s NPI number.

If you are CLIA-certified to provide lab services in your office and you are billing for these services, please include the ordering provider NPI information on the claim form. Place the NPI in the indicated blocks of the claim forms:

- **CMS-1500**: Block 17A
- **UB-04**: Block 78
- **837P**: 2310A loop, using the NM1 segment and the qualifier of DN in the NM101 element
- **837I**: 2310D loop, segment NM1 with the qualifier of DN in the NM101 element

For complete lab billing guidelines, please refer to our Professional Provider Office Manual found online at www.bcbsla.com/providers > Education on Demand or on iLinkBlue under “Manuals.”

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**Specimen Collection/Handling Fee**
To compensate physicians for their time and effort associated with collecting specimens and handling lab tests sent to preferred reference labs, physicians may be paid a specimen collection handling fee per member/per visit when no other in-office lab tests are performed and billed on the same day. To be paid the specimen collection handling fee, you must bill CPT® 36415 or 99000.

**Please note:** If you perform the lab test(s) in your office and send out any lab test(s) on the same date of service, you are not eligible to bill and receive separate reimbursement for specimen collection.

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**Preferred Care PPO Preferred Reference Lab Guide**

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18NW1590 R12/16
Last reviewed on December 29, 2016

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If you refer your patients to a reference lab that is not in Louisiana, the out-of-state reference lab must be a participating provider for the member’s plan in the state where the specimen is drawn in order for the member to receive the highest level of member benefits.

If you are collecting the specimen* and sending the specimen to an out-of-state reference lab, you must ensure that the out-of-state reference lab is participating with Blue Cross and Blue Shield of Louisiana, otherwise your patient will be subject to a much higher cost share. In addition, using a non-participating reference lab could subject you to a lower allowable charge.

*Where the specimen was drawn will be determined by which state the referring provider is located.

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**Preferred Reference Labs**

We use a preferred reference lab program with multiple statewide and regional lab vendors. Lab services provided to Preferred Care PPO Louisiana members must be submitted to one of the following labs:

### Statewide Labs

- Clinical Pathology Labs: [www.cpllabs.com](http://www.cpllabs.com) 1-800-595-1275
- Laboratory Corporation of America (LabCorp): [www.labcorp.com](http://www.labcorp.com) 1-800-621-8037
- Quest Diagnostics: [www.questdiagnostics.com](http://www.questdiagnostics.com) 1-866-MYQUEST (1-866-697-8378)

### Regional Labs

#### New Orleans Region

- Advanced Clinical Laboratory: (504) 520-8970
- Laboratory Management Services: (318) 841-9526
- Morgan City Lab & X-Ray: (985) 384-3848
- Physicians Group Laboratories LLC: (985) 872-5572

#### Lafayette Region

- Acadiana Family Practice Lab, Inc.: (337) 334-7558
- Acadia Laboratory LLC: (337) 783-0961
- Eunice Medical Laboratory, Inc.: (337) 457-5562

#### Baton Rouge Region

- Mobile Tech Medical, Inc.: (225) 267-6860

#### Lake Charles Region

- The Pathology Laboratory: (337) 436-9557

#### Shreveport Region

- Drs Lab: 1-800-828-9227

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**Out-of-state Labs**

If you refer your patients to a reference lab that is not in Louisiana, the out-of-state reference lab must be a participating provider for the member’s plan in the state where the specimen is drawn in order for the member to receive the highest level of member benefits.

If you are collecting the specimen* and sending the specimen to an out-of-state reference lab, you must ensure that the out-of-state reference lab is participating with Blue Cross and Blue Shield of Louisiana, otherwise your patient will be subject to a much higher cost share. In addition, using a non-participating reference lab could subject you to a lower allowable charge.

*Where the specimen was drawn will be determined by which state the referring provider is located.

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**Urine Drug Screens**

Lab providers are classified as independent allied providers who are CLIA-certified for the sole purpose of performing lab services. Lab providers who perform urine drug screens using instrumented systems should report the following codes:

*These procedures are limited to one unit per date of service.*

- **80100** (Drug screen)
- **G0431** (Drug screen, qualitative; multiple drug classes by high complexity test method; e.g., immunoassay, enzyme assay, per patient encounter)

We will only reimburse for one test when a single testing mechanism is used to screen for multiple drug classes.

*This procedure is limited to one unit.*

- **80101** (Drug screen)

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**Pass-through Billing Not Permitted**

Pass-through billing occurs when the ordering provider requests and bills for a lab service, but the lab service is not performed by the ordering provider or the CLIA-certified lab owned and operated by the ordering provider.

The expectation is that we will receive lab claims billed from:

- The performing provider at a CLIA-certified lab, owned and operated by the ordering physician, or
- The ordering provider who owns and operates a CLIA-certified lab, or
- An in-network reference lab

Blue Cross does not permit pass-through billing. Only the performing provider should bill for these services. You may only bill for lab services that you perform in your office.

Providers may bill for the following indirectly performed services:

- The service of the performing provider is performed at the place of service of the ordering provider and is billed by the ordering provider, or
- The service is provided by an employee of a physician or other professional provider (e.g. physician assistant, surgical assistant, advanced practice nurse, clinical nurse specialist, certified nurse midwife or registered nurse first assistant), who is under the direct supervision of the ordering provider and the service is billed by the ordering provider.