

# Laboratory Summary: Common Medical Policy Edits

This document provides a list of laboratory services commonly provided to our members. Visit our Medical Policies pages to view the complete medical policy for the tests below prior to ordering the lab test to ensure the medical policy rule criteria is followed for coverage.

We recommend frequently visiting the Medical Policies and Clinical Guidelines pages on [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com) to view all laboratory policies and to stay abreast of all policy changes.

**Note: Procedure codes on each Medical Policy document are not a guarantee of payment and are included only as a general reference tool. They may not be all-inclusive.**

Below are the policy rule criteria used to determine coverage of laboratory services:

Policy Rule	Definition
<b>Experimental and Investigational</b>	Procedure is not covered under the member's benefit due to exclusion
<b>Demographic Limitations</b>	Limitations based on patient age
<b>Excessive Procedure Units</b>	Total units within and across claims for a single date of service more than necessary
<b>Excessive Units per Period of Time</b>	Maximum allowable units within a defined period of time has been exceeded
<b>Insufficient Time Between Procedures</b>	Minimum time required before a second procedure is warranted
<b>Rendering Provider Limitations</b>	Providers/Procedures not permitted in combination
<b>Diagnosis Does Not Support Test Requested</b>	Procedure was not appropriate for the clinical situation
<b>Mutually Exclusive Codes</b>	The procedure is not valid with other procedures on the same date of service

## Common Laboratory Services

Below are laboratory medical policies for common laboratory services that frequently edit for the above policy rule criteria. Review the medical policy prior to rendering the services to ensure policy criteria is met.

Click on the medical policy number to reach our Medical Policies page. After reading and accepting the disclaimer, do the following:

1. Key the policy number in the search box; click Search
2. Click *Show Advanced Options*
3. Select *Exact Phrase*; click Search
4. Click the matching policy name

Policy No.	Policy Name	Policy No.	Policy Name
<a href="#">CAM 051</a>	Allergen Testing	<a href="#">CAM 193</a>	Cardiac Biomarkers for Myocardial Infarction
<a href="#">CAM 188</a>	Cardiovascular Disease Risk Assessment	<a href="#">CAM 20416</a>	Diagnosis of Vaginitis including Multi-target PCR Testing
<a href="#">CAM 140</a>	Diagnostic Testing of Influenza	<a href="#">CAM 120</a>	Flow Cytometry
<a href="#">CAM 200</a>	Folate Testing	<a href="#">CAM 205</a>	General Inflammation Testing
<a href="#">CAM 133</a>	Hemoglobin A1c	<a href="#">CAM 127</a>	Hepatitis C
<a href="#">CAM 20410</a>	Identification of Micro-organisms by Nucleic Probes	<a href="#">CAM 155</a>	InflammaDry Test
<a href="#">CAM 159</a>	Lyme Disease Testing	<a href="#">CAM 198</a>	Pancreatic Enzyme Testing for Acute Pancreatitis
<a href="#">CAM 140</a>	Prescription Medication and Illicit Drug Testing in the Outpatient Setting	<a href="#">CAM 20302</a>	Serum Tumor Markers for Malignancies
<a href="#">CAM 20428</a>	Testing for Diagnosis of Active or Latent Tuberculosis	<a href="#">CAM 131</a>	Testosterone Testing
<a href="#">CAM 135</a>	Thyroid Disease Testing	<a href="#">CAM 130</a>	Vitamin B12 and Methylmalonic Acid
<a href="#">CAM 126</a>	Vitamin D		