



# NETWORK *Notification*

**Notice Date:** May 30, 2023  
**To:** All Marketplace Providers  
**From:** CareSource  
**Subject:** Independent Laboratory  
**Effective Date:** January 1, 2022

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## Summary

The purpose of this communication is to advise that, based on the Independent Laboratory last updated revision (Rev. 11778, 01-06-23) published by CMS Medicare Claim Processing, CareSource will be adhering to this rule effective immediately. Independent laboratory tests performed in a participating physician's office, by an independent laboratory, or by a hospital laboratory for its outpatient's lab services are reimbursed based on the fee schedules without an authorization.

## Impact

Until further notice, CareSource has waived all prior authorization requirement Out of Network independent laboratory tests referred by a participating provider.

Please Note: All out-of-network independent providers must adhere to the following:

There are many types of places blood drawn can be depicted, the Place of Service (POS) designation identifies the location where the laboratory specimen was collected. This determines where specimen is obtained. An Independent or Reference Laboratory must show the place where the sample was taken.

- In an Independent Laboratory or a Reference Laboratory, POS 81 is reported.
- In an office/clinic or other non-facility setting, the appropriate non-facility POS is reported.
- In a facility setting, the appropriate facility POS is reported (e.g., patient is inpatient [POS 21] or outpatient [POS 22]).
- In a laboratory setting maintained by another physician or other qualified health care professional in their office/clinic, the POS code 99 for "Other Place of Service" is reported.
- In addition, we have included Laboratory Fee Schedule below

## Clinical Laboratory Fee Schedule 2022 and 2023:

File	Description
<a href="#">23CLABQ1</a>	CY 2023 Q1 Release: Added for January 2023. The update includes all changes identified in CR 13023. The file has 1,922 records.
<a href="#">22CLABQ3</a>	CY 2022 Q3 Release: Added for July 2022. The update includes all changes identified in CR 12737. The file has 1,881 records. Clinical laboratory tests performed in a physician's office, by an independent laboratory, or by a hospital laboratory for its outpatients are reimbursed based on fee schedules
<a href="#">22CLABQ2</a>	CY 2022 Q2 Release: Added for April 2022. The update includes all changes identified in CR 12612. The file has 1,874 records. - Updated 03/31/2022: Revised effective date and rate for 0108U. (Rev. 11778, 01-06-23)
<a href="#">22CLABQ4</a>	CY 2022 Q4 Release: Added for October 2022. The update includes all changes identified in CR 12870. The file has 1,900 records.
<a href="#">22CLABQ1</a>	Y 2022 Q1 Release: Added for January 2022. The update includes all changes identified in CR 12558. The file has 1,859 records. *On December 10, 2021, the "Protecting Medicare and American Farmers from Sequester Cuts Act" (S. 610) delayed the reporting requirement under Section 1834A of the Act and delayed the application of the 15% phase-in reduction.

### Importance

Prior authorization is how CareSource decides if the health services rendered meets evidence-based criteria for medical necessity laboratory services. Participating providers must obtain prior authorization to receive benefits under the CareSource Marketplace plan, which is usually required for laboratory services. The authorized services fall within the terms of members health plan. Emergency care does **not** need prior authorization.

### Questions?

Contact Provider Services at **1-833-230-2101**, Monday through Friday from 8 a.m. to 7 p.m. Eastern Time (ET).

\*These services may have some exclusions. For a complete description of covered referral benefits please refer CareSource Laboratory Quick Reference Tool to our health plan [Laboratory | CareSource Prior Authorization | CareSource](#) or call CareSource's Provider Services at **1-833-230-2101**.

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