



NETWORK *Notification*

Notice Date: ☐
To: All Marketplace Providers
From: CareSource
Subject: Independent Laboratory
Effective Date: January 1, 2022

Summary

Based on the Centers for Medicare & Medicaid Services (CMS) No Surprise Act, CareSource has amended our prior notification sent on May 30, 2023. Independent laboratory tests performed in a participating facility (Inpatient or Outpatient Hospital Department, Independent Freestanding Emergency Department), are reimbursed based on the fee schedules without an authorization. Tests sent to out-of-network labs from participating providers require authorization.

Impact

CareSource has waived all prior authorization requirements regarding network participation for independent laboratory tests, provided the sample was drawn at a participating facility.

PLEASE NOTE:

All Independent Lab Providers must adhere to the following billing guidelines:

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. If the Independent Lab performed the venipuncture, they must report the place where the sample was taken (if drawn in an office POS 11, POS 81 is reported; if drawn in a hospital inpatient setting, the appropriate inpatient POS is reported).

- In an Independent Lab, POS 81 is reported.
- If the Independent Lab performed the venipuncture, the correct POS must be billed on additional lines on the claim:
 - 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 the Laboratory Fee Schedules.

Importance

Prior authorization is how CareSource decides whether the health services rendered meet evidence-based criteria for medical necessity laboratory services. The provider must get prior authorization to



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receive benefits under CareSource Marketplace plans usually customary required laboratory services. The authorization services fall within the terms of members health plan. Emergency care does **not** need prior authorization. If your referred provider is **not** part of the CareSource network, you or the provider must get prior authorization before you get **any service**, not just those listed below.

Clinical Laboratory Fee Schedule 2022 and 2023

File	Description
23CLABQ1	CY 2023 Q1 Release: Added for January 2023. The update includes all changes identified in CR 13023. The file has 1,922 records.
23CLABQ2 CMS	CY 2023 Q2 Release: Added for April 2023. The update includes all changes identified in CR 13082. The file has 1,942 records.
23CLABQ3 CMS	CY 2023 Q3 Release: Added for July 2023. The update includes all changes identified in CR 13195. The file has 1,943 records.
22CLABQ3	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
22CLABQ2	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)
22CLABQ4	CY 2022 Q4 Release: Added for October 2022. The update includes all changes identified in CR 12870. The file has 1,900 records.
22CLABQ1	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 also delayed the application of the 15% phase-in reduction.

*These services may have some exclusions. For a complete description of covered referral benefits please refer to the [CareSource Laboratory webpage](#) or call CareSource's Provider Services at **1-833-230-2101**, available 8 a.m. to 5 p.m. Eastern Time (ET), Monday through Friday.

Qualified Health Plans offered in North Carolina by CareSource North Carolina Co., d/b/a CareSource

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