SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Member Provider Policy & Procedure Manual

5.19 NUCLEIC ACID PROBE SERVICES

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Member Provider Policy & Procedure Manual*. If Blue Cross and Blue Shield of Louisiana (Louisiana Blue) makes any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Member Provider Policy & Procedure Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.lablue.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.lablue.com/providers.

This manual is provided for informational purposes only and is an extension of your Member Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail our policies. Louisiana Blue retains the right to add to, delete from and otherwise modify the *Member Provider Policy & Procedure Manual* as needed. This manual and other information and materials provided are proprietary and confidential and may constitute trade secrets.

NUCLEIC ACID PROBE SERVICES

Nucleic acid probe CPT codes 87468–87801, 0600U, 0607U and 0608U, for the same patient for the same encounter will be subject to a multiple-service reduction. The multiple-service reduction will apply as follows:

Individual CPT or HCPCS codes billed with multiple units will be reimbursed based on the allowable charge as follows:

- 100% for the first and second units
- 50% for the third unit
- 25% for the fourth unit
- 5% for the fifth or any additional units

Each CPT or HCPCS code will be reimbursed based on the allowable charge as follows:

- 100% for the initial lab
- 100% for the second lab
- 50% for the third lab
- 25% for the fourth lab
- 5% for the fifth or any additional labs

Clinical editing and medical policy may also affect reimbursement for these codes. To review current medical policy coverage guidelines, access our medical policy index available on iLinkBlue under the "Authorizations" section.

COVID-19, RSV and Influenza Testing

When testing patients for COVID-19, respiratory syncytial virus (RSV) and influenza, providers may either submit separate codes (e.g., 87635, 87634 or 87502) or a combined assay code (e.g., 87636 or 87637). The combination codes can be submitted even when performing individual assays. When submitting individual codes, only one code will be reimbursed.