

## Lab Panel

### Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

### Policy Overview

Laboratory panels are developed solely for coding purposes and are defined by the American Medical Association (AMA) as published in the CPT Pathology and Laboratory section. These include Organ or Disease Oriented Panels, which fall within the code ranges 80047 to 80081 and 80400 to 80439.

Each panel is delineated by its component lab tests. Accurate coding necessitates the use of a panel code when all components are conducted. For example, CPT code 80061 corresponds to a Lipid Panel, which includes the following CPT codes:

- 82465 (serum cholesterol)
- 83718 (HDL cholesterol)
- 84478 (triglycerides)

When these three lab tests are performed, the appropriate code to submit on a claim is 80061.

#### Single Component Test

A single component test can only be included in one lab panel code. If a group of tests overlaps two or more panels, the panel that encompasses the greatest number of tests should be reported, with remaining tests coded individually.

#### General Health Panel

CPT code 80050 consists of a metabolic panel, complete blood count, and TSH level. Various combinations of CPT codes can form into 80050. However, this test is not covered by Medicare. When billing Medicare, each component test must be billed separately.

### Documentation History

Type	Date	Action
Effective Date	11/20/2020	New Policy
Revised Date	10/20/2022	Updated Template
Revised Date	08/16/2023	Reviewed- TP
Revised Date	12/12/2024	Updated Template

**CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed