



# In-Office Stat Labs

Reimbursement Policy ID: RPC.0060.0900

Recent review date: 11/2025

Next review date: 11/2026

*AmeriHealth Caritas New Hampshire reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas New Hampshire may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

*To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.*

## Policy Overview

This policy describes AmeriHealth Caritas New Hampshire reimbursement criteria for laboratory tests performed in a provider's office (POS 11).

## Exceptions

N/A

## Reimbursement Guidelines

AmeriHealth Caritas New Hampshire restricts reimbursement for in-office diagnostic laboratory testing with the expectation that most conditions addressed during face-to-face patient encounters do not warrant expedited lab results.

However, if a provider determines the need for immediate lab results to manage an urgent or emergent condition, AmeriHealth Caritas New Hampshire will consider codes on the attached list (POS 11 Labs.pdf) for reimbursement when reported in place of service 11.

## Definitions

N/A

## Edit Sources

- I. Current Procedural Terminology (CPT).
- II. Healthcare Common Procedure Coding System (HCPCS).
- III. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10).
- IV. Centers for Medicare and Medicaid Services (CMS).
- V. The National Correct Coding Initiative (NCCI)
- VI. New Hampshire Medicaid Fee Schedule(s).

## Attachments

See Appendix A

## Associated Policies

RPC.0050.0900 Laboratory and Pathology

## Policy History

11/2025	Reimbursement Policy Committee Approval
10/2025	Annual Review <ul style="list-style-type: none"><li>Updated 2026 In-Office stat labsPxlist.pdf</li></ul>
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
03/2025	Updated PDF to Appendix A
11/2024	Reimbursement Policy Committee Approval
10/2024	Annual review <ul style="list-style-type: none"><li>No major updates</li></ul>
04/2024	Revised preamble
02/2024	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas New Hampshire from Policy History section
01/2023	Template revised <ul style="list-style-type: none"><li>Revised preamble</li><li>Removal of Applicable Claim Types table</li><li>Coding section renamed to Reimbursement Guidelines</li><li>Added Associated Policies section</li></ul>

## Appendix A



In-Office Stat  
Labs.pdf

### In-Office Stat Lab Procedure Codes 2025-2026

80353	82952	87802
80354	82962	87803
80355	83036	87804
80356	83037	87806
80357	83655	87807
80358	83986	87808
80359	83992	87811
80360	84132	87880
80361	84295	87905
80362	84703	88720
80363	84830	89220
80364	85013	0167U
80365	85014	0202U
80366	85018	0223U
80367	85025	0224U
80368	85027	0225U
80369	85049	0226U
80370	85610	0240U
80371	85651	0241U
80372	86308	C9803
80373	86318	G0480
80374	86328	G0481
80375	86408	G0659
80376	86409	G2023
80377	86413	G2024
81000	86580	P9612
81001	86756	P9615
81002	86769	Q0111
81003	87070	Q0112
81005	87168	Q0113
81015	87169	Q0114
81025	87172	Q0115
82043	87205	U0001
82044	87210	U0002
82247	87220	U0003
82248	87270	U0004
82270	87301	U0005

82271	87400	
82272	87426	
82465	87428	
82565	87430	
82570	87490	
82731	87491	
82947	87492	
82948	87635	
82950	87636	
82951	87637	