

## **Laboratory Services Payment Policy- 80050**

### **Appropriate billing procedure codes 80053, 84443, and 85025**

**Line of Business: MDwise Medicaid – Hoosier Healthwise and healthy Indiana Plan**

**Effective Date: November 15, 2025**

#### **Payment Policy:**

Based on the AMA CPT® manual for code 80050 (general health panel), this code includes comprehensive metabolic panel (80053), blood count, thyroid stimulating hormone (TSH) (84443), and complete blood count (CBC) (85025).

Because the panel code includes the individual codes MDwise will require the individual component coded be billed rather than the bundled code.

#### **Reimbursement Policy**

CPT code 80050 is not listed on the CMS Clinical Lab Fee Schedule and is not covered by Medicare. When billing Medicare, the component tests must be billed individually.

MDwise will follow the CMS guidelines and require providers bill 80053, 84443, and 85025 separately when performed on the same date of service (DOS) and reported on the same claim.

Any claims received *not* following the guidance provided will result in a denied claim and will require the submission of a corrected claim, to rectify the denial.

If there is a conflict between this policy and a provider contract, the provider contract will govern. Note – coverage may be mandated by FSSA or CMS.

Providers are required to submit accurate claims and documentation for all services performed.

#### **Audit**

MDwise or a third party may audit or otherwise review all paid claims to ensure the integrity of the paid claims. This includes, but is not limited to coding validation, payment accuracy, compliance with regulations, policies, and contractual requirements. These reviews include clinical claim reviews and payment analytics.

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