



Independent licensees of the Blue Cross Blue Shield Association.

This document provides a list of laboratory services commonly provided to our members. Visit our Medical Policies pages to view the complete medical policy for the tests below prior to ordering the lab test to ensure the medical policy rule criteria is followed for coverage.

We recommend frequently visiting the Medical Policies and Clinical Guidelines pages on www.SouthCarolinaBlues.com and www.BlueChoiceSC.com to view all laboratory policies and to stay abreast of all policy changes.

Note: Procedure codes on each Medical Policy document are not a guarantee of payment and are included only as a general reference tool. They may not be all-inclusive.

Below are the policy rule criteria used to determine coverage of laboratory services:

Policy Rule	Definition
Experimental and Investigational	Procedure is not covered under the member's benefit due to exclusion
Demographic Limitations	Limitations based on patient age
Excessive Procedure Units	Total units within and across claims for a single date of service more than necessary
Excessive Units per Period of Time	Maximum allowable units within a defined period of time has been exceeded
Insufficient Time Between Procedures	Minimum time required before a second procedure is warranted
Rendering Provider Limitations	Providers/Procedures not permitted in combination
Diagnosis Does Not Support Test Requested	Procedure was not appropriate for the clinical situation
Mutually Exclusive Codes	The procedure is not valid with other procedures on the same date of service

Common Laboratory Services

Below are laboratory medical policies for common laboratory services that frequently edit for the above policy rule criteria. Review the medical policy prior to rendering the services to ensure policy criteria is met.

Once you reach our [Medical Policies page](#), read and accept the disclaimer. You can then search for each policy alphabetically or by the policy number.

Note: When searching by the policy number, multiple policies with a variation of the numbers may populate.

Policy No.	Policy Name	Policy No.	Policy Name
CAM 051	Allergen Testing	CAM 193	Cardiac Biomarkers for Myocardial Infarction
CAM 188	Cardiovascular Disease Risk Assessment	CAM 20416	Diagnosis of Vaginitis including Multi-target PCR Testing
CAM 140	Diagnostic Testing of Influenza	CAM 120	Flow Cytometry
CAM 200	Folate Testing	CAM 205	General Inflammation Testing
CAM 133	Hemoglobin A1c	CAM 127	Hepatitis C
CAM 20410	Identification of Micro-organisms by Nucleic Probes	CAM 155	InflammaDry Test
CAM 159	Lyme Disease Testing	CAM 198	Pancreatic Enzyme Testing for Acute Pancreatitis
CAM 140	Prescription Medication and Illicit Drug Testing in the Outpatient Setting	CAM 20302	Serum Tumor Markers for Malignancies
CAM 20428	Testing for Diagnosis of Active or Latent Tuberculosis	CAM 131	Testosterone Testing
CAM 135	Thyroid Disease Testing	CAM 130	Vitamin B12 and Methylmalonic Acid
CAM 126	Vitamin D		