

Reimbursement Policy

Policy Number: RP021

Policy Title: Laboratory Panel Billing

Approval Date: Aug. 12, 2026

Effective Date: Aug. 21, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy and any provider contract pursuant to which a provider participates in and/or provides covered services to eligible member(s) and/or plans, the provider's contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, Benefit Booklets, Summary Plan Descriptions and other coverage documents. Blue Cross and Blue Shield of Illinois may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Description

This policy provides guidance on the appropriate billing and coding for laboratory tests that are included in an organ or disease-oriented panel when they are billed on the same date of service for a member.

Reimbursement Information

The Laboratory Panel codes outlined below are defined and published by American Medical Association (AMA) in the Current Procedural Terminology (CPT®) codebook under the *Pathology and Laboratory* chapter, *Organ or Disease-Oriented Panels* subchapter. Orders for laboratory tests must be member-specific, include the rationale/need for the test requested, and must be signed and dated by the ordering health care professional.

Provider-defined (custom) panels are not recognized as coded panels. The codes for the individual tests in the custom panel must be reported accurately and appropriately.

The Plan reserves the right to bundle individual codes that belong to a panel. If a claim is submitted with individual codes that belong to a panel, our claim reviewers and/or correct coding software logic may bundle the procedure codes for appropriate reimbursement. Likewise, when documentation is submitted with a claim and shows that a panel was ordered and performed, but the claim submitted reflects that the individual components of the panel were billed, claim reviewers may bundle the codes into the appropriate panel code for reimbursement.

In the absence of supporting evidence, Proprietary Laboratory Analyses (PLA) or Multianalyte Assays with Algorithmic Analyses (MAAA) codes are not reimbursable services unless necessary, appropriate, and specifically noted as a covered benefit.

Billing & Coding

1. Tests performed in addition to those specifically indicated for a particular panel should be reported separately from the panel code. For example:
 - If the Electrolyte panel (80051) is billed, and other individual tests are rendered such as 82947 (Assay of Glucose Blood Quant), 84520 (Assay of Urea Nitrogen), 82565 (Assay of Creatinine) and 82550 (Assay of CK (CPK)), the individual tests should be billed separately from the electrolyte panel code.
2. Do not report two or more panel codes that include the same constituent tests performed from the same patient collection. For example:

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- If the Comprehensive Metabolic Panel (80053) is billed, the Basic Metabolic Panel (80047) cannot be billed.
3. If a group of tests overlaps two or more panels, you must use the panel that incorporates the greatest number of tests and report the remaining individual tests separately. For example:
 - If 82374 (Assay of Blood Carbon Dioxide), 82435 (Assay of Blood Chloride), 84132 (Assay of Serum Potassium), 84295 (Assay of Serum Sodium), 84520 (Assay of Urea Nitrogen), and 82947 (Assay of Glucose Blood Quant) are billed, two panel codes overlap. Both panels include these tests, but only the Electrolyte panel would be billed. Any remaining tests that are not inclusive of a panel would be billed separately.
 4. The panel code would be billed when all individual tests in the panel have been performed and would not be billed separately. For example:
 - If the Lipid Panel (80061) is billed, then procedures 82465 (Assay of BLD/Serum Cholesterol), 83718 (Assay of Lipoprotein) and 84478 (Assay of Triglycerides) should have been performed.
 5. Obstetric Panel CPT code 80055 would not be billed when a syphilis screening is conducted using a treponemal antibody approach (86780). For example:
 - If this approach is used, providers would assign the individual code for the tests performed in the OB panel in conjunction with CPT code 86780. Hep B Surface (87340), Rubella Antibody (86762), Syphilis Test (86592), RBC Antibody (86850), Blood Typing (86900) AND Blood Typing (86901), Complete CBC (85025) OR CBC Automated (85027) & Automated Diff CBC (85004) OR 85027 AND BL Smear w/WBC (85007) or Manual Diff WBC (85009) as well as Treponema Antibody (86780) should have been performed.
 6. Obstetric Panel (+HIV Testing) CPT code 80081 would not be billed when a syphilis screening is conducted using a treponemal antibody approach (86780). For example:
 - If this approach is used, providers would assign the individual code for the tests performed in the OB panel in conjunction with CPT code 86780. Hep B Surface (87340), Rubella Antibody (86762), Syphilis Test (86592), RBC Antibody (86850), Blood Typing (86900) AND Blood Typing (86901), HIV-1 AG w/HIV-1 & HIV-2 AB, Complete CBC (85025) OR CBC Automated (85027) & Automated Diff CBC (85004) OR 85027 AND BL Smear

w/WBC (85007) or Manual Diff WBC (85009) as well as Treponema Antibody (86780) should have been performed.

The following panels will be used when determining appropriate billing:

80047	Basic Metabolic Panel (Calcium, Ionized)
82330	Assay of Calcium
82374	Assay of Blood Carbon Dioxide
82435	Assay of Blood Chloride
82565	Assay of Creatinine
82947	Assay of Glucose; Blood Quant
84132	Assay of Serum Potassium
84295	Assay of Serum Sodium
84520	Assay of Urea Nitrogen

80048	Basic Metabolic Panel Total (Calcium, Total)
82310	Assay of Calcium
82374	Assay of Blood Carbon Dioxide
82435	Assay of Blood Chloride
82565	Assay of Creatinine
82947	Assay of Glucose; Blood Quant
84132	Assay of Serum Potassium
84295	Assay of Serum Sodium
84520	Assay of Urea Nitrogen

80050	General Health Panel¹
80053	Comprehensive Metabolic Panel
84443	Assay of Thyroid Stim Hormone
85025	Complete CBC w/Auto Diff WBC; OR

85027 & 85004	• Complete CBC Automated • Automated Diff WBC Count
OR 85027	Complete CBC Automated AND
85007 or 85009	• BL Smear w/Diff WBC Count • Manual Diff WBC Count, B-Coat

80051	Electrolyte Panel
82374	Assay of Blood Carbon Dioxide
82435	Assay of Blood Chloride
84132	Assay of Serum Potassium
84295	Assay of Serum Sodium

80053	Comprehensive Metabolic Panel
82040	Assay of Serum Albumin
82247	Assay of Bilirubin; Total
82310	Assay of Calcium
82374	Assay of Blood Carbon Dioxide
82435	Assay of Blood Chloride
82565	Assay of Creatinine
82947	Assay of Glucose; Blood Quant
84075	Assay of Alkaline Phosphatase
84132	Assay of Serum Potassium
84155	Assay of Protein Serum
84295	Assay of Serum Sodium
84460	Alanine Amino Transferase (ALT) (SGPT)
84450	Aspartate Amino Transferase (AST) (SGOT)
84520	Assay of Urea Nitrogen

80055	Obstetric Panel ¹
87340	Hepatitis B Surface Antigen
86762	Rubella Antibody
86592	Syphilis Test, Non-Trep Qual
86850	RBC Antibody Screen
86900	Blood Typing, Serologic ABO AND
86901	Blood Typing, Serologic RH(D)
85025	Complete CBC w/Auto Diff WBC Count; OR
85027 & 85004	• Complete CBC Automated • Automated Diff WBC Count
OR 85027	Complete CBC Automated AND
85007 or 85009	• BL Smear w/ WBC Count • Manual Diff WBC Count, B-Coat

80081	Obstetric Panel (+HIV Testing) ¹
87340	Hepatitis B Surface Antigen
86762	Rubella Antibody
86592	Syphilis Test Non-Trep Qual
86850	RBC Antibody Screen
86900	Blood Typing Serologic ABO AND
86901	Blood Typing Serologic Rh (D)
87389	HIV-1 AG w/HIV-1 & HIV-2 AB
85025	Complete CBC w/Auto Diff WBC; OR
85027 & 85004	• Complete CBC Automated • Automated Diff WBC Count
OR 85027	Complete CBC Automated AND
85007 or 85009	• BL Smear w/ Diff WBC Count • Manual Diff WBC Count, B-Coat

80061	Lipid Panel
82465	Assay of BLD/Serum Cholesterol
83718	Assay of Lipoprotein
84478	Assay of Triglycerides

80069	Renal Function Panel
82040	Assay of Serum Albumin
82310	Assay of Calcium
82374	Assay of Blood Carbon Dioxide
82435	Assay of Blood Chloride
82565	Assay of Creatinine
82947	Assay of Glucose; Blood Quant
84100	Assay of Phosphorus
84132	Assay of Serum Potassium
84295	Assay of Serum Sodium
84520	Assay of Urea Nitrogen

80074	Acute Hepatitis Panel
86709	Hepatitis A Antibody, IgM Antibody
86705	Hepatitis B Core Antibody; IgM Antibody
87340	Hepatitis B Surface Antigen
86803	Hepatitis C Antibody

80076	Hepatic Function Panel
82040	Assay of Serum Albumin
82247	Bilirubin; Total
82248	Bilirubin; Direct

84075	Assay of Alkaline Phosphatase
84155	Assay of Protein Serum
84460	Alanine Amino Transferase (ALT) (SGPT)
84450	Aspartate Amino Transferase (AST) (SGOT)

¹When CPT code 85025 (Complete CBC Automated) is reported with CPT code 85004 (Automated Diff WBC Count), the Plan will deny 85004.

Repeat Testing

Providers are responsible for conducting laboratory services in an efficient manner.

Modifier 91 would be appended to claims for repeat testing for the treatment of a member when testing is required at different periods throughout the day. **Modifier 91** would not be submitted when a test is rerun to confirm the initial results due to an issue with the specimen, equipment or for any other reason when the one-time reportable result was all that was required. Claims may be denied for failure to append **modifier 91** or if a review determines repeat testing did not meet standard guidelines.

- It would be inappropriate to append modifier 91 when other CPT code(s) describe a series of test results.

Additional Resources

Reimbursement Policy (formerly known as Clinical Payment and Coding Policy)
RP023 Modifier Reference Policy

Medical Policy

ADM1001.028 Inside the U.S. Food and Drug Administration

References

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²Centers for Medicare and Medicaid Services. Medicare Learning Network Matters MM13455. [New Waived Tests](#). Accessed April 8, 2026.

Policy History

Approval Date	Description
11/21/2018	New policy
03/25/2019	Annual Review and CPT Code descriptors update
05/05/2020	Annual Review, updated disclaimer, policy language update
06/04/2021	Annual Review
07/30/2021	Updated verbiage
04/06/2022	Annual Review with additional revisions
06/21/2023	Annual Review
06/28/2024	Annual Review
09/15/2025	Annual Review; Grammatical and formatting updates; References updated; Policy Update History updated.
08/12/2026	Annual Review