Routine Test Management

PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA
An Independent Licensee of the Blue Cross Blue Shield Association

PROVIDER SUMMARY AND FAQ

Overview

Premera's Routine Test Management (RTM) program is effective February 6, 2026. This program helps members receive high quality services at the most affordable cost.

The program includes Routine Test Management policies based on the latest science and clinically accepted peer-reviewed laboratory services guidelines.

Program details

What is Routine Test Management?	Routine Test Management (RTM) helps payers, physicians, and consumers optimize the cost-effective use of diagnostic laboratory tests. Premera's goals with increasing management of laboratory services are to: o Increase access, quality, and affordability of lab care. o Enable providers to navigate policy adherence with claim simulation tools. o Enhance the patient's healthcare experience.
How are claims managed?	Consistent monitoring of laboratory policies occurs through automated post-service, pre-payment claims editing for selected laboratory tests performed in office, hospital outpatient and independent laboratory locations.
What types of laboratory tests are impacted by these edits?	High-volume laboratory test examples include, but aren't limited to: biomarker testing, diagnostic testing, Vitamin B12, and HbA1C. The related laboratory services details are published in Routine Test Management policies within Premera Medical Policy and Payment Policy provider web pages.
Are there any exclusions?	Laboratory services, tests, and procedures provided in the emergency room, hospital observation, and hospital inpatient settings are excluded from this program.

What Premera plans apply to the RTM policies?	RTM policies apply to Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, Premera HMO, and our affiliate plans, LifeWise Assurance Company, LifeWise Health Plan of Washington (group plans in Clark County). Individual plans in all markets are excluded.
What types of denials are related to this program?	• Mutually exclusive procedures • Prerequisite procedures (add-ons) • Unit limits on a single date of service (within and across claims) • Unit limits over a period (e.g., 15 units permitted per 3 months) • Frequency between procedures (e.g., minimum of 14 days between tests) • Appropriateness of clinical situations (i.e., analysis of all diagnosis codes on the claim) • Demographic edits (limitations on age appropriateness of testing)

RTM education resources

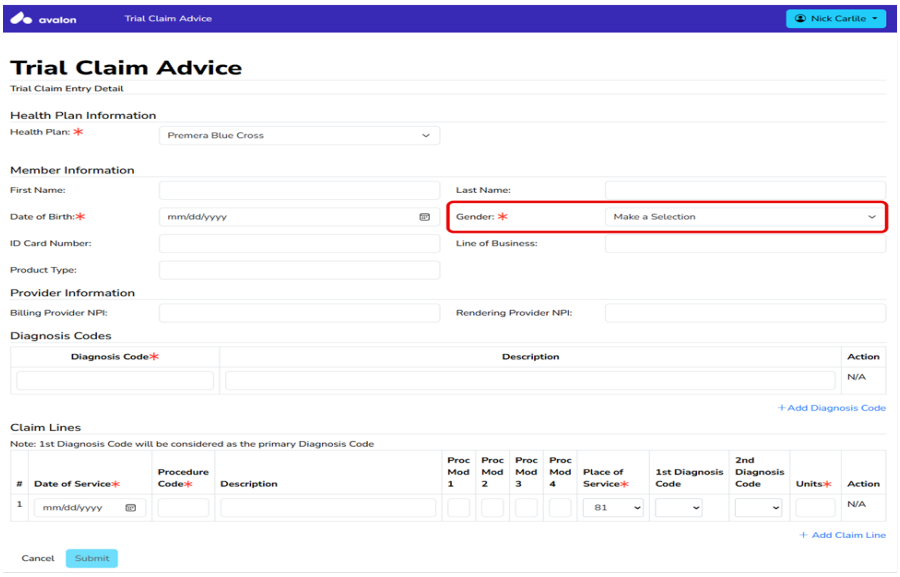
How do I know if a claim edit is related to Routine Test Management?

The denial rationale will reflect an edit explanation that relates to a Routine Test Management policy. The related edits will look like the following:

Edit	Edit Description
A02	Lab procedure not typical for age (RTM)
A03	Lab allowed once per lifetime (RTM)
A04	Insufficient time between labs (RTM)
A05	Too many labs in one day (RTM)
A06	Place of service (POS) not allowed by lab policy (RTM)
A07	Lab can't be done with another lab (RTM)
A08	Diagnosis (Dx) is inconsistent with lab code (RTM)
A09	Too many labs within required time (RTM)
A10	Lab is not reimbursable (RTM)
A11	Maximum allowed lab units exceeded (RTM)
A12	Add-on without primary (RTM)

Where can I reference services related to Routine Test Management?	Routine Test Management policies are published within the Medical Policy and Payment Policy provider web pages.

What options do I have if my claim is denied with one of these edits?	Review the denial code to ensure the line was denied by RTM. If there is an RTM denial, find the related policy by searching the Medical Policy (add link). To find the related policy, search by either entering the related test name or CPT code that was billed. If after reviewing the RTM policy you still disagree with the denial received on a claim, you can appeal by explaining the reason for disagreement and providing supporting documentation. View related appeal forms.
What sources are used to create lab policies?	Sources used to identify the need for a lab policy are various, including health plan utilization data, position statements from professional medical societies, and publications from entities recognized as leaders in evidence-based healthcare research, such as the National Comprehensive Cancer Network (NCCN). The policy details include: • Documentation of what clinical condition/lab test is being addressed within the policy. • The importance of testing to consider given the clinical condition. • Recommendations from credible sources currently exist to advise on testing appropriateness. • When testing is/is not considered appropriate in the form of clinical criteria. Policies are reviewed and approved by Premera's medical policy and payment integrity teams.

Will there be any tools to check codes for related edits?	Providers can access a laboratory management claim tool to check for edits prior to claim submission starting on Feb. 6, 2026. The tool is called the Laboratory Management Trial Claim Tool and is in the Availity payer space within the Resources tab. To start a claim edit check, enter your payer (i.e., Premera WA) and select submit. The tool criteria fields will look like this:  The fields with the * are required fields to populate a trial claim response. ➢ Please note the "gender field" does not change or apply any edits and is only required per the vendor. Premera does not apply any edits in relation to gender.
Will there be any notifications related to any lab policy management changes? (is there an answer for this one?)-Looks like it was blocked by the screenshot	Any changes to the routine test management related policies will be communicated through the usual Premera's monthly medical policy or payment policy process 90 days prior to implementation.
Where can I research edit details after an edit is applied on a claim or discovered in the trial tool?	Please review the related Routine Test Management policy listed within the Medical Policy and Payment Policy search sites. (list links)
Who can I contact if I have more questions?	Please email the provider relations team at providerrelations@premera.com.