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<b>Title</b>	<b>Routine Test Management Program</b>		
<b>Number</b>	<b>CP.PP.428.v1.0</b>		
<b>Last Approval Date</b>	10/7/2025	<b>Original Effective Date</b>	02/06/2026
<b>Replaces</b>			
<b>Cross Reference</b>	<ul style="list-style-type: none"> <li>• <i>Laboratory and Pathology Billing Guidelines</i></li> <li>• <i>Modifier 90 – Reference (Outside) Laboratory</i></li> <li>• <i>Modifier 91 – Repeat Clinical Diagnostic Laboratory Test</i></li> <li>• <i>Medical policies labeled “Routine Test Management Policies”</i></li> </ul>		

Coverage of any service is determined by a member’s eligibility, benefit limits for the service or services rendered and the application of the Plan’s Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan’s professional or facility services claims coding policies**. Reimbursement is restricted to the provider’s scope of practice as well as the fee schedule applicable to that provider.

<b>Purpose/ Application</b>	This policy applies to all providers and facilities.
<b>Scope</b>	Applies to most Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, Blue Card Home and Premera Blue Cross HMO lines of business and products.
<b>Definitions</b>	<b>Routine Test Management (RTM)</b> : a program for comprehensive laboratory claim editing that helps payers, physicians and consumers optimize the cost-effective use of diagnostic laboratory tests.
<b>Policy</b>	<p>Effective <b>February 6th, 2026</b>, the plan will initiate a Routine Test Management (RTM) program which includes automated reviews of high-volume, low-cost laboratory services provided in office, hospital outpatient, and independent laboratory locations</p> <p>Claims are managed through automated policy enforcement which combines clinical science-based research with innovative technology and is designed to help ensure the consistent application of the plans laboratory policies and guidelines to claims with laboratory services. Laboratory services reported on claims will be reviewed (post-service and pre-payment) for adherence and consistency with our laboratory reimbursement policies and guidelines, as well as industry standardized rules, such as but not limited to:</p> <ul style="list-style-type: none"> <li>• Mutually exclusive procedures</li> <li>• Prerequisite procedures (add-ons)</li> <li>• Unit limits on a single date of service (within and across claims)</li> <li>• Unit limits over a period (e.g., 15 units permitted per 3 months)</li> <li>• Frequency between procedures (e.g., minimum of 1 year between tests)</li> <li>• Appropriateness of clinical situations (i.e., analysis of all diagnosis codes on the claim)</li> <li>• Demographic edits (i.e., appropriate age for procedure performed)</li> </ul> <p>Please see our related Routine Test Management Policies which are a subsection of Medical Policy search sites.</p>
<b>Codes and Coding Guidelines</b>	

<b>Violations of Policy</b>	Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be determined by the Plan.
<b>Exceptions</b>	Laboratory services, tests, and procedures provided in the emergency room, hospital observation, and hospital inpatient settings are excluded from this program.  Does not apply to Premera Blue Cross or Premera Blue Cross Blue Shield of Alaska Individual plans  Exceptions to the policy may also be made where a provider contract dictates otherwise.
<b>Laws, Regulations &amp; Standards</b>	
<b>References and Resources</b>	<ul style="list-style-type: none"> <li>• Center for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) Level II codes</li> <li>• ICD-10 diagnosis coding guidelines</li> <li>• CMS “Medically Unlikely Edits” <a href="https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html">https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html</a>.</li> <li>• CMS Pub. 100-04, chapter 16, section 40.1.1 external link (PDF, 497 KB)</li> </ul>

<b>Policy Owner Review</b>	Payment Integrity Oversight Committee	
<b>Contact</b>	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department	
<b>Annual Review Dates</b>	10/7/2025	
<b>Version History</b>	10/7/2025	Creation of new policy