



# In-Office Stat Labs

Reimbursement Policy ID: RPC.0060.7100

Recent review date: 11/2025

Next review date: 11/2026

*AmeriHealth Caritas Delaware reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Delaware may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

*To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.*

## Policy Overview

This policy describes AmeriHealth Caritas Delaware reimbursement criteria for laboratory tests performed in a provider's office (POS 11).

## Exceptions

N/A

## Reimbursement Guidelines

AmeriHealth Caritas Delaware restricts reimbursement for in-office diagnostic laboratory testing with the expectation that most conditions addressed during face-to-face patient encounters do not warrant expedited lab results.

However, if a provider determines the need for immediate lab results to manage an urgent or emergent condition, AmeriHealth Caritas Delaware will consider codes on the attached list (POS 11 Labs.pdf) for reimbursement when reported in place of service 11.

If a provider's office CLIA allows for lab testing outside of STAT the plan will not deny the claim.

## Definitions

N/A

## Edit Sources

- I. Current Procedural Terminology (CPT)
- II. Healthcare Common Procedure Coding System (HCPCS)
- III. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10).
- IV. Centers for Medicare and Medicaid Services (CMS).
- V. The National Correct Coding Initiative (NCCI)
- VI. Delaware Medicaid Fee Schedule(s).

## Attachments

See Appendix A

## Associated Policies

RPC.0050.7100 Laboratory and Pathology

## Policy History

|         |  |
|---------|--|
| 11/2025 | Reimbursement Policy Committee Approval  |
| 10/2025 | Annual Review <ul style="list-style-type: none"><li>• Updated 2026 In-Office stat LabsPxlist.pdf</li></ul>   |
| 06/2025 | Minor updates to formatting and syntax   |
| 05/2025 | Reimbursement Policy Committee Approval  |
| 04/2025 | Revised preamble   |
| 03/2025 | Updated PDF to Appendix A  |
| 10/2024 | Annual review <ul style="list-style-type: none"><li>• Updated 2025 In-office stat LabsDxlist.pdf</li></ul>   |
| 04/2024 | Reimbursement Policy Committee Approval  |
| 04/2024 | Revised preamble   |
| 08/2023 | Removal of policy implemented by AmeriHealth Caritas Delaware from Policy History section  |
| 01/2023 | Template revised <ul style="list-style-type: none"><li>• Revised preamble</li><li>• Removal of Applicable Claim Types table</li><li>• Coding section renamed to Reimbursement Guidelines</li></ul> |

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|--|-------------------------------------|
|  | • Added Associated Policies section |
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## Appendix A



In-Office Stat  
Labs.pdf

### In-Office Stat Lab Procedure Codes 2025-2026

|       |       |       |
|-------|-------|-------|
| 80353 | 82952 | 87802 |
| 80354 | 82962 | 87803 |
| 80355 | 83036 | 87804 |
| 80356 | 83037 | 87806 |
| 80357 | 83655 | 87807 |
| 80358 | 83986 | 87808 |
| 80359 | 83992 | 87811 |
| 80360 | 84132 | 87880 |
| 80361 | 84295 | 87905 |
| 80362 | 84703 | 88720 |
| 80363 | 84830 | 89220 |
| 80364 | 85013 | 0167U |
| 80365 | 85014 | 0202U |
| 80366 | 85018 | 0223U |
| 80367 | 85025 | 0224U |
| 80368 | 85027 | 0225U |
| 80369 | 85049 | 0226U |
| 80370 | 85610 | 0240U |
| 80371 | 85651 | 0241U |
| 80372 | 86308 | C9803 |
| 80373 | 86318 | G0480 |
| 80374 | 86328 | G0481 |
| 80375 | 86408 | G0659 |
| 80376 | 86409 | G2023 |
| 80377 | 86413 | G2024 |
| 81000 | 86580 | P9612 |
| 81001 | 86756 | P9615 |
| 81002 | 86769 | Q0111 |
| 81003 | 87070 | Q0112 |

|       |       |       |
|-------|-------|-------|
| 81005 | 87168 | Q0113 |
| 81015 | 87169 | Q0114 |
| 81025 | 87172 | Q0115 |
| 82043 | 87205 | U0001 |
| 82044 | 87210 | U0002 |
| 82247 | 87220 | U0003 |
| 82248 | 87270 | U0004 |
| 82270 | 87301 | U0005 |
| 82271 | 87400 |       |
| 82272 | 87426 |       |
| 82465 | 87428 |       |
| 82565 | 87430 |       |
| 82570 | 87490 |       |
| 82731 | 87491 |       |
| 82947 | 87492 |       |
| 82948 | 87635 |       |
| 82950 | 87636 |       |
| 82951 | 87637 |       |