

WAC 296-23-155 Pathology general information and instructions.

(1) Rules and billing procedures pertaining to all practitioners rendering service to workers are presented in general information section beginning with WAC 296-20-010.

(2) Refer to WAC 296-20-132 and 296-20-135 for information regarding use of the conversion factors.

(3) Refer to the fee schedules for information on use of coding modifiers.

(4) Billing codes, reimbursement levels, and supporting policies are listed in the fee schedules.

(5) The reimbursement levels listed in the fee schedules apply only when the services are performed by or under the responsible supervision of a physician. Unless otherwise specified, the listed values include the collection and handling of the specimens by the laboratory performing the procedure. SERVICES IN PATHOLOGY AND LABORATORY are provided by the pathologist or by technologists under responsible supervision of a physician.

(6) Laboratory procedures performed by other than the billing physician shall be billed at the value charged that physician by the reference (outside) laboratory under the individual procedure number or the panel procedure number listed under "PANEL OR PROFILE TESTS" (see modifier -90).

(7) The department or self-insurer may deny payment for lab procedures which are determined to be excessive or unnecessary for management of the injury or conditions.

(8) Separate or multiple procedures: It is appropriate to designate multiple procedures that are rendered on the same date by separate entries.

[Statutory Authority: RCW 51.04.020, 51.04.030 and 1993 c 159. WSR 94-14-044, § 296-23-155, filed 6/29/94, effective 7/30/94; WSR 93-16-072, § 296-23-155, filed 8/1/93, effective 9/1/93.]