

RB.006.D STAT Labs

Original Implementation Date : 07/01/2016
Version [D] Date : 08/13/2025
Last Reviewed Date: 08/13/2025

Thank you for being a valued provider for members in one or more of our health plans: Jefferson Health Plans Medicare Advantage, Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans CHIP, and/or Jefferson Health Plans EverWell (our Medicaid plan).

PRODUCT VARIATIONS

This policy applies to all Jefferson Health Plans lines of business unless noted below.

Application of a Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contract.

POLICY STATEMENT

Participating providers contracted for lab capitation services will be reimbursed for STAT labs when the test results are needed immediately to manage medical emergencies or prevent potential medical emergencies. Providers **must report modifier “ET” when performing STAT labs.**

POLICY GUIDELINES

1. Prior authorization is not required for STAT labs.
2. STAT labs must be ordered by a participating professional provider such as a primary care physician or a specialist.

3. Providers must report “STAT” on their claim form for the STAT lab. Payment will be made for the lab charge only, but not for the “STAT” fee charges.
4. The diagnosis of the claim must support the urgency of each STAT lab billed.
5. In all cases, the appropriate documentation must be kept on file and, upon request, presented to us.
6. Outpatient laboratory services are provided by Quest Diagnostics, Health Network Laboratories (HNL), and hospital locations contracted to provide laboratory services.

Locations of participating labs can be found via our (Healthcare Provider Directory | Jefferson Health Plans) Physicians must complete the requisition form for all laboratory services. Laboratories must be CLIA-approved for participation in the Medical Assistance Program.

7. Providers may be reimbursed for STAT lab services performed in the office when the provider is contracted to perform those services, and when billed according to Plan policy.

CODING

Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

CPT® is a registered trademark of the American Medical Association.

CPT Code	Description
N/A	

HCPSC Code	Description
N/A	

ICD-10 Codes	Description
N/A	

BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the members' benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DESCRIPTION OF SERVICES

Usually, laboratory tests are ordered by a physician and performed at a participating laboratory vendor. A participating physician may order and/or perform a laboratory test without using the participating laboratory testing vendor in emergency situations. These tests are considered STAT labs. STAT lab results are needed immediately to manage a member's medical emergencies or prevent potential medical emergencies.

DEFINITIONS

N/A.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making. Policy Bulletins are developed by us to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
Ad hoc review 2025. Policy guidelines updated.	D	08/13/2025
2024 review. No changes to policy.	C	01/01/2023
Ad hoc 2022 review. Additional language added to policy statement for clarity purposes.	C	01/01/2023
2022 review. All CPT codes were removed from the policy.	B	11/01/2022
2020 review. No changes to policy.	A	07/01/2016
New Policy.	A	07/01/2016

REFERENCES

N/A