



Non-participating Pathology Services

Origination: 03/03/14	Revised:	Annual Review: 11/12/24
Line of Business: Commercial Only <input type="checkbox"/> QHP/Exchange Only <input type="checkbox"/> Medicare Only <input type="checkbox"/>		
Commercial & QHP/Exchange <input type="checkbox"/> Commercial, QHP/Exchange, & Medicare <input checked="" type="checkbox"/>		

Purpose:

To provide guidelines for Population Health and Provider Alliances associates for reference when making benefit determinations for non-participating pathology services.

Coverage Guidelines:

- In conjunction with their contractual obligations, AvMed’s participating providers are expected to refer all pathology specimens to in-network laboratories.
- Quest and AmeriPath laboratories are participating vendors. However, in the advent of contractual changes, it is recommended to contact Provider Services at 800-452-8633 for the current list of participating laboratories.
- In the event the specimen is returned as “indeterminate” and additional analysis is medically necessary, a second opinion may be requested from any other pathology service by submitting a request with supporting documentation via fax to AvMed’s Pre-Certification (Clinical Coordination) Department: Standard fax #800-552-8633; Urgent fax #888-430-9897.
- An AvMed Medical Director will review the second opinion request for additional pathology services and render a determination.

References:

- Not Applicable

Disclaimer Information:

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed Health Plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed Health Plan makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed Health Plan service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.