

## Submission of Laboratory Test Identifier

When laboratories participate in the BeaconLBS® laboratory benefits solutions program with a health plan, they will be required to submit their laboratory 'Test Identifier' on the claim, as illustrated below.

	Claim Format and Elements	BeaconLBS® Test Identifier Submission Options
Claim Formats	<b>CMS 1500</b> (Formerly HCFA 1500)	Each time a Lab <b>CPT® code</b> , or <b>HCPC code</b> , is populated in Item Number 24D, then the laboratory's corresponding <b>Test Identifier is to be placed in the shaded section of 24A through 24G.</b>
	<b>UB04 or CMS 1450</b>	Each time a Lab <b>CPT® code</b> , or <b>HCPC code</b> , is populated in Field Location 44, then the laboratory's corresponding <b>Test Identifier is to be placed in Field Location 43.</b>
	<b>HIPAA 5010 837 Professional</b>	<p>Each time a Lab <b>CPT® code</b>, or <b>HCPC code</b>, is populated in the:</p> <ul style="list-style-type: none"> <li>• <b>SV101-2 element</b> of the               <ul style="list-style-type: none"> <li>○ Loop 2400 Service Line Number</li> <li>○ SV1 Professional Service Segment</li> </ul> </li> </ul> <p>Then the laboratory's corresponding <b>Test Identifier</b> is placed in the:</p> <ul style="list-style-type: none"> <li>• <b>NTE02 element</b>, with the "ADD" qualifier placed in the:</li> <li>• <b>NTE01 element</b>, of the               <ul style="list-style-type: none"> <li>○ Loop 2400 Service Line Number</li> <li>○ NTE Line Note Segment</li> </ul> </li> </ul> <p><b>Example: Submission of one Test Identifier (i.e.002303) per procedure line: NTE *ADD*002303~</b></p>
	<b>HIPAA 5010 837 Institutional</b>	<p>Each time a Lab <b>CPT® code</b>, or <b>HCPC code</b>, is populated in the:</p> <ul style="list-style-type: none"> <li>• <b>SV202-2 element</b> of the               <ul style="list-style-type: none"> <li>○ Loop 2400 Service Line Number</li> <li>○ SV2 Institutional Service Line Segment</li> </ul> </li> </ul> <p>Then the laboratory's corresponding <b>Test Identifier</b> is to be placed in the:</p> <ul style="list-style-type: none"> <li>• <b>SV202-7 element</b> of the               <ul style="list-style-type: none"> <li>○ Loop 2400 Service Line Number</li> <li>○ SV2 Institutional Service Line Segment</li> </ul> </li> </ul> <p><b>Example: Submission of one Test Identifier (i.e. 002303) for CPT®<sup>1</sup> 81099 with a billed amount of \$125.15 and a unit of service of 1: SV2*0300*HC:81099::::002303*125.15*UN*1~</b></p>
Claim Element	<b>Test Identifier</b>	Populate claim with Lab's proprietary <b>Test Identifier</b> , as stipulated above

The purpose of this document is to provide the necessary information to submit laboratory test codes on claims/encounters. The information on electronic claims is to be used in conjunction with the ANSI X12N implementation guides. The information describes specific requirements for processing data. This information supplements, but does not contradict or replace any requirements in the implementation guide. The implementation guides can be obtained from the Washington Publishing Company by calling 1-800-972-4334 or are available for download on their web site at <http://www.wpcedi.com/hipaa/>.

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2. George Argus, AHA and Chair of the National Uniform Billing Committee