

## New Clinical Diagnostic Laboratory Services Payment Policy

In an ongoing effort to ensure accurate claims processing and payment, Molina Healthcare of Texas, Inc. is establishing a new payment policy related to Clinical Diagnostic Laboratory Services.

Effective December 16, 2024, diagnostic lab tests billed simply as routine screenings will not be reimbursed. Diagnostic tests determine if symptoms or signs in a patient confirm or deny an expected diagnosis. The patient's symptoms should justify the need for these tests.

To bill a clinical diagnostic lab service, a correct ICD-10-CM code must be provided. Without the correct ICD-10-CM code, the claim will not be accepted. Routine screenings cannot use these services for billing. This policy, along with other Molina Healthcare Payment Policies can be located on our website at: <https://www.molinahealthcare.com/providers/tx/medicaid/policies/payment.aspx>

If you have questions, you can call Molina's Provider Services team at (855) 322-4080 We can take your call Monday to Friday from 8:00 a.m. – 5:00 p.m., central time.

Thank you for your participation with Molina.