Notice of Material Amendment

New Payment Coding Policy: Laboratory Services Billing AR_PC_000031

Effective December 1, 2026

Arkansas Blue Cross and Blue Shield is implementing a new Payment and Coding Policy, Laboratory Services Billing, effective December 1, 2026. The policy establishes billing and reimbursement requirements for laboratory services submitted on professional claims (CMS-1500 or electronic equivalent) and applies to network providers, including physicians, other qualified healthcare professionals, and laboratories.

The policy clarifies reimbursement guidelines for duplicate laboratory services, including circumstances in which Modifier 91 may be appropriate for repeat clinical diagnostic laboratory testing. The policy also outlines requirements related to Clinical Laboratory Improvement Amendments (CLIA) certification, reporting of CLIA certificate numbers, and appropriate use of Modifier QW when billing CLIA-waived laboratory tests. Claims that do not meet applicable billing requirements may be subject to rejection or denial.

In addition, providers submitting outpatient laboratory services on professional claims must continue to report the referring provider name and National Provider Identifier (NPI) on the claim. Providers are encouraged to review the complete policy prior to the effective date to ensure compliance with applicable billing and coding requirements. The full policy can be viewed here.