PINNACLE SERVICES CORPORATION

PAYER POLICY ALERT

BCBS Texas starts Concert review of lab claims on Feb. 1, 2027

Feb 1, 2027	95%	10–20%	180 days
REVIEW STARTS, BY DATE OF SERVICE	CO-16 M51 DENIALS LATER PAID	UNIT AND BUNDLING DENIALS LATER PAID	TO REQUEST AN APPEAL

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IN SHORT

From dates of service on Feb 1, 2027, BCBS Texas will run commercial lab, genetic and molecular claims through a coding review by Concert before paying them. Concert (Concert Genetics) is a healthcare technology company that BCBS Texas has contracted to review lab claim coding. Claims that break CPT rules, Medicare's NCCI edits or the plan's new lab policy (RP050) will be denied, and the lab gets a letter with next steps.

- **Who is affected:** any lab or pathology group billing BCBS Texas commercial plans. BCBS Illinois announced the same change for the same date.
- **What gets checked:** code pairs that can't be billed together, unit caps, panels billed as separate parts, PLA and MAAA code use, and modifiers.
- **Biggest exposure:** multiplex PCR billed per organism, drug testing, and any code billed with several units.
- **Why prevention matters:** only 10–20% of unit and bundling denials are paid later.

Affected CPT codes

The policy covers all lab coding: CPT 80000-series pathology and laboratory codes, MAAA codes, PLA codes (U codes) and lab HCPCS codes. These groups carry the most risk.

CODES	TEST	WHY IT'S AT RISK
87798, 87481 and other pathogen PCR codes	Multiplex infectious disease PCR	Billed per organism with many units. One unit or a panel code is expected when one procedure detects several targets.
G0480–G0483, 80305–80307	Drug testing	One code and one unit per date of service. Tandem mass spectrometry is named as a single consolidated procedure.
80047–80076	Organ and disease panels	Components billed separately when the full panel was run.
81105–81479	Molecular pathology	One unit when one procedure tests several genes. A PLA code must be used if the test has one.
81479, 81599	Unlisted molecular and MAAA	One unit per test.
88305, 88312–88313, 88341–88342	Surgical pathology, special stains, IHC	Units over the cap, and 59 or X modifiers used to get around a code-pair edit.

Denials to expect and monitor

Expect coding-edit denials from BCBS Texas commercial plans to rise as a share of billed lines. The size of the rise depends on your test mix. Labs with heavy PCR or drug-testing volume will see the most.

DENIAL CODE	EDIT LIKELY BEHIND IT
CO-16 (often with M51 or N657)	A panel, PLA or MAAA code was expected in place of the code billed
CO-97, CO-234	Component billed alongside its panel
CO-236	NCCI code-pair (PTP) edit
CO-151, CO-222	Units over the MUE
CO-4	59 or X modifier not accepted on a code-pair edit

What to track:

- **Weekly from February.** Denials start with February dates of service. Watch for new denial code and CPT pairs on the codes above.
- **Letters against denials.** Each Concert denial should come with a letter. A denial without one can't be worked properly.

- **Days to payment.** BCBS Texas says the review should not slow responses. Check that it holds.

Mitigation and Prevention

Fix billing rules before go-live, because most unit and bundling denials are not paid on appeal.

ANTICIPATED DENIAL	PREVENT IT BY
CO-16 (M51, N657): panel, PLA or MAAA code expected	Billing the PLA or MAAA code whenever the test has one, and the panel code when every component was run.
CO-97, CO-234: component billed alongside its panel	Billing the panel in one line. When tests overlap two panels, bill the larger panel and list the rest separately.
CO-236: NCCI code-pair edit	Billing a code pair only when the record shows separate specimens or a repeat test, with the X modifier that describes it.
CO-151, CO-222: units over the MUE	Billing one unit when one procedure tests several genes, pathogens or drugs: no stacking 87798 per organism. One unit of 81479 or 81599 per test.
CO-4: 59 or X modifier not accepted	Using 59 only when no other modifier describes the service, as RP050 requires.

Denial Recovery Approach

Coding and modifier denials mostly get paid after a replacement claim; unit and bundling denials mostly do not. The shares paid come from Recovr data across customers and payers.

ANTICIPATED DENIAL	RECOVERY METHOD	WHAT TO SEND	SHARE LATER PAID
CO-16 M51: panel, PLA or MAAA code expected	Replacement	The panel, PLA or MAAA code in place of the code billed	95%
CO-4 N657: code or modifier mismatch	Replacement	The corrected code, or the line without the unsupported modifier	90%

ANTICIPATED DENIAL	RECOVERY METHOD	WHAT TO SEND	SHARE LATER PAID
CO-236: code-pair edit	Replacement if a valid modifier was left off. Appeal if the services were distinct.	The X modifier the record supports, or records showing separate specimens	70%
CO-97 (no remark code): component billed with its panel	Replacement	One line with the panel code	60%
CO-97 N19, CO-234 M15: bundled into another procedure	Appeal	Records showing a separate procedure or specimen	20%
CO-151, CO-222 N640: units over the MUE	Replacement at the capped units. Appeal only if records support the extra units.	Units at or under the cap, or results for each specimen or repeat test	10–20%

1. **Capture the denial letter for each denied claim.** The denial code won't say which edit fired. The letter will, along with the deadline.
2. **Back reconsiderations with records.** Include the requisition, results showing separate specimens or a repeat test, and the method. Cite CPT and NCCI, the rules Concert applies.
3. **Watch the timely filing limits.** A replacement claim must arrive within the original filing window: 365 days from the date of service for PPO plans and 180 days for HMO plans. An appeal must be requested within 180 days of the payment summary that carried the denial, under the BCBS Texas claim review process. Your contract can set different limits. A first appeal can take 45 days, so don't let the replacement window close while you wait.

How Recovr agents help

Recovr's AI agents work these denials end to end, and a person approves each change before it goes to the payer.

- **Early warning.** Agents watch payer policy pages every week and size each change against your own claims, so you know your exposure before go-live.
- **Triage.** Each denial is routed by its denial code and letter, so effort goes to the 70–95% categories and not the 10–20% ones.
- **Fix and resubmit.** Agents build the replacement claim with the right code, units or modifier and submit it once approved.

- **Reconsiderations.** Agents read the payer's letter, draft the request and attach the supporting records.
- **Follow-up.** Agents track every resubmitted claim and chase the ones that stall.

Sources

- BCBS Texas: Enhanced Review of Laboratory, Genetic and Molecular Testing Claims (Oct. 26, 2026)
- RP050 Concert Laboratory Testing Services, BCBS Illinois copy (PDF)
- BCBS Texas: Reimbursement Policy Updates (Nov. 19, 2026)
- Recovr claims and denial data

About Recovr

Recovr, by Pinnacle Services Corporation, is an AI claim-recovery platform for laboratories, physician groups and revenue-cycle companies. It reads the 835 and 837 files a billing system already produces, finds the claims that were denied, underpaid or never adjudicated, and either fixes and resubmits them under the customer's approval policy or hands an operator a specific, dated task. It runs as a dedicated instance per customer, offers three levels of adoption, Assisted, Human-in-the-Loop and Rules-Driven, and is live within 48 hours of receiving EDI files.

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