

#### **CHANGES TO BILLING DEPARTMENT – CLIENT REQUESTS**

In an effort to eliminate multiple faxes and phone calls to client offices, Physicians Laboratory has implemented several changes to make this process more streamlined. Each client is now assigned to a specific billing representative that will handle all billing requests for additional information. This includes errors that are discovered prior to the transactions being submitted on a claim, as well as denials received from the insurance company. All client offices will receive weekly requests for all outstanding issues. Contact information for your representative is listed below:

##### Clients Beginning with A – I

Tricia Schuett            Phone: 402-933-6070  
                                    Fax: 402-738-5015  
                                    Email: [tschuett@physlab.com](mailto:tschuett@physlab.com)

##### Clients Beginning with J-N

LaShawntea Ray        Phone: 402-933-7259  
                                    Fax: 402-738-5015  
                                    Email: [lray@physlab.com](mailto:lray@physlab.com)

##### Clients Beginning with O-Z

Mia Palagi-Glass        Phone: 402-933-5778  
                                    Fax: 402-738-5015  
                                    Email: [epalagi-glass@physlab.com](mailto:epalagi-glass@physlab.com)

#### **INVOICE QUESTIONS & ADJUSTMENTS:**

All questions regarding client invoices or requested adjustments should be directed to Susan Bakhit for both Physicians Laboratory Services, Inc. and Physicians Laboratory, P.C.

Susan Bakhit            Phone: 402-738-5074  
                                    Fax: 402-932-5136  
                                    Email: [sbakhit@physlab.com](mailto:sbakhit@physlab.com)

#### **WELLCARE OF NEBRASKA REQUIRES PREAUTHORIZATION FOR ALL HPV TESTING**

Wellcare of Nebraska requires preauthorization for all HPV testing. This includes both HPV High Risk Screen (CPT 87624) and HPV Genotyping 16 & 18/45 (CPT 87625). Physicians Laboratory has contacted Wellcare on several occasions and provided documentation showing the current ACOG, ASCCP, and US Preventative Services Task Force recommendations for HPV testing; however, this policy has not been overturned. Please contact your Wellcare representative if you have concerns regarding this requirement.

## **CIGNA COVERAGE POLICY REGARDING PRETERM LABOR AND PREMATURE RUPTURE OF MEMBRANES**

Each of the following tests for evaluation of preterm labor (PTL) is considered experimental, investigational or unproven:

- Salivary Estriol Testing
- Bacterial Vaginosis (BV) Testing

Each of the following tests for the evaluation of premature rupture of membranes is considered experimental, investigational or unproven:

- Placental alpha-microglobulin-1 (PAMG-1) (e.g. Amnisure® ROM)
- Placental protein 12 (PP12)/Insulin-like growth factor binding protein (IGFBP-1) combined with alpha-fetoprotein (e.g. ROM Plus®)
- Insulin-like growth factor binding protein IGFBP-1 (e.g., Actim® ROM)

Each of the following for the evaluation of pregnant women at high risk for preterm delivery is considered experimental, investigational or unproven.

- Inflammatory biomarker testing, including but not limited to cytokines (e.g., interleukin-6, interleukin-8), maternal matrix metalloproteinase-9, and C-reactive protein.
- Hormone-related biomarker testing including, but not limited to, human chorionic gonadotropin and phosphorylated insulin-like growth factor binding protein-1.

Cigna will not pay for the testing listed above due to the fact that they consider these procedures to be experimental/investigational for preterm labor and/or premature rupture of membranes. If the ordering provider feels that the testing is necessary, an Advance Beneficiary Notice (ABN) should be completed so that the charges can be billed directly to the patient. For more information you can read Cigna's Medical Coverage Policy #0099 that is listed on their provider resource page <https://cignaforhcp.cigna.com>.

## **NEBRASKA TOTAL CARE ~ NON COVERED SERVICE**

Procedure code 80342 is not a covered benefit under the Nebraska Total Care Plan. This includes the following tests:

- 1728 Quetiapine (Seroquel)
- 1620 Risperidone & Metabolite
- 2789 Thioridazine (Mellaril)
- 77 Thorazine (Chlorpromazine)
- 7560 Ziprasidone
- 8132 Abilify (Aripiprazole)
- 790 Fluphenazine (Prolixin)
- 1542 Olanzapine (Zyprexa)