

Invoice Changes – November

We have reformatted our invoices for easier interpretation of the various charges and adjustments. Effective November 1st, 2013, client invoices will appear slightly different. Adjustments will no longer appear in the body of the invoice but rather at the end of the invoice. Additionally, each adjustment will state the invoice number that it was applied to. All future requests for adjustments to your client invoices should be sent to the attention of Tammy Morrow at fax number (402) 738-5015.

Urinalysis CPT Code Changes – effective November 1, 2013

PLS has recently changed the methodology of performing Urinalysis, therefore changing the CPT codes associated with each assay. This change is effective November 1, 2013. Listed below are the changes.

Test #1299	Urinalysis	old CPT code: 81002	new CPT code: 81003
Test #2299	Urinalysis w/micro exam	old CPT code: 81000	new CPT code: 81001
Test #4216	Urinalysis w/reflex to culture	old CPT code: 81002	new CPT code: 81003
Test #5216	Urinalysis w/micro exam w/reflex to culture	old CPT code: 81000	new CPT code: 81001

****Updated** Respiratory Viral Panel by PCR – Test #1427**

Old CPT codes: 87633, 87798x2, 87581

New CPT codes: 87486, 87633, 87798, 87581

NOW INCLUDES:

- Adenovirus
- Coronavirus (229E, HKU1, OC43, NL63)
- Metapneumovirus
- Rhinovirus/Enterovirus
- Influenza A (H1, H3, 2009A-H1N1)
- Influenza B
- Parainfluenza (1, 2, 3, 4)
- RSV
- *Bordetella pertussis*
- *Chlamydia pneumoniae*
- *Mycoplasma pneumoniae*

Acceptable specimens:

Nasopharyngeal washes, BAL/bronchial washes, nasal swabs in viral transport media

Stability:

Refrigerated 72 Hours

HIV – Screening Diagnosis Code Information

The Centers for Medicare & Medicaid Services (CMS) will only pay for one HIV screening test on an annual basis. They require a primary diagnosis code of V73.89 (screening, disease or disorder, viral, specified type NEC) and when high risk factors are present, a secondary diagnosis code of V69.8 (other problems related to lifestyle).

For claims for pregnant women, the primary diagnosis code of V73.89 should be reported, as well as a secondary code of either V22.0 (supervision of normal first pregnancy), V22.1 (supervision of other normal pregnancy), or V23.9 (supervision of unspecified high-risk pregnancy).

If more frequent screening is needed, or if there is not a diagnosis code that meets medical necessity as set forth by Medicare, a signed Advance Beneficiary Notice (ABN) must be obtained from the patient.

<http://cms.hhs.gov/Medicare/Medicare-Contracting/ContractorLearningResources/Downloads/JA6786.pdf>

Screening Diagnosis Code Changes for Sexually Transmitted Infections (STIs)

The Centers for Medicare & Medicaid Services (CMS) have determined a new national coverage determination (NCD) for screening Sexually Transmitted Infections (STIs). The tests specifically affected are Chlamydia, Gonorrhea, Syphilis, and Hepatitis B surface antigen. CMS will cover screening for Chlamydia (86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810, 87800), Gonorrhea (87590, 87591, 87850, 87800), Syphilis (86592, 86593, 86780), and Hepatitis B surface antigen (87340, 87341).

Two (2) diagnosis codes (ICD-9-CM) MUST be submitted in order to be covered by Medicare/Medicaid and commercial insurances following Medicare guidelines.

Primary Diagnosis Code

- V73.89 (screening, disease or disorder, viral, specified type NEC)
- V74.5 (screening bacterial – sexually transmitted)

Secondary Diagnosis Code

- V69.8 (other problems related to lifestyle)

Use the following when applicable in addition to the above coding instructions:

- V22.0 (supervision of normal first pregnancy)
- V22.1 (supervision of other normal pregnancy)
- V23.9 (supervision of unspecified high-risk pregnancy)

There is an annual frequency limitation for these sexually transmitted infections.

If more frequent screening is needed, or if there is not a diagnosis code that meets medical necessity as set forth by Medicare, a signed Advance Beneficiary Notice (ABN) must be obtained from the patient.

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7610.pdf>

HPV Testing Denials

Physicians Laboratory Services is receiving denials from insurance companies for HPV testing on patients below the age of 30. ASCCP's (American Society for Colposcopy and Cervical Pathology) guidelines state that HPV co-testing should not be used on women less than 30 years of age. The ASCCP screening guidelines can be found at:

<http://journals.lww.com/jlqtd/PublishingImages/ASCCP%20Guidelines.pdf#zoom=80>