PHYSICIANS LABORATORY SERVICES
www.physlab.com

PLS UPDATE
JANUARY 2014

Peanut Component Allergen Testing – Effective March 1, 2014

1370 Peanut Component Panel

Performed: Monday – Friday / PLS Hematology Department / CPT: 86003x5
Specimen Requirements: 2.0 mL Serum ~ Refrigerated

More than 3 million people, 1% of the population, in the U.S. report being allergic to peanuts, tree nuts or both. Only 1 out of 5 patients will outgrow the allergy, but the peanut allergy is the most common cause of food related deaths. There are five distinct components in peanuts which can cause an allergic reaction. The severity of the reaction is dependent on which components an individual reacts to upon exposure. The components are listed below.

Peanut Components	Physical Characteristics/Clinical Observations	Risk
Ara h1 – Storage Protein Ara h2 – Storage Protein Ara h3 – Storage Protein	Associated with systemic reactions Stable to heat and digestion Highest risk for severe reactions to exposure	Highest
Ara h9 – Lipid Transfer Protein	Associated with both systemic and local reactions Stable to heat and digestion Associated with allergy to peach and peach related foods	Intermediate
Ara h8 – PR10 Protein	Associated with local reaction (oral allergy syndrome, OAS) Labile to heat and digestion (cooked food often tolerated) Associated with allergies to birch and birch-related tree pollen	Lowest

Ara h1, 2, 3 are proteins found in the seeds and are stable to heat and digestion. Cooking or ingestion does not break these proteins down. They are responsible for the most severe allergic reactions to exposure to peanuts.

Ara h9 is a marker of sensitization of peanut lipid transfer protein (LTP). LTPs are often associated with systemic and severe reactions in addition to oral allergy syndrome (OAS). Since LTPs are generally stable to heat and resistant to digestion, there is a risk for allergic reactions to cooked and processed foods.

Ara h8 is a heat labile protein and cooked foods are often tolerated. A positive test for this allergen by itself is often associated with mild and local symptoms such as OAS.

The ImmunoCap® Peanut Component Allergen Test helps to assess a patient's level of risk of a life-threatening reaction, and may reassure patients when the risk for allergic symptoms is low and when they will most likely experience mild or localized reactions upon exposure to peanut. The test helps the health care provider identify primary allergic sensitization versus symptoms caused by cross-reactivity allergens. Knowing the reaction to the different peanut components provides a better understanding of the risk for life-threatening allergic reactions can help provide clarity regarding the patient's risk of an allergic reaction and ease fears and help target effective management.

NEW – ImmunoCap Allergen Test Menu Additions

Physicians Laboratory will be adding new allergens to the ImmunoCap platform. Due to high demand, the following will be added to the PLS test menu beginning in February:

INDIVIDUAL ALLERGENS: (CPT 86003 per allergen)

- 1367 Food, Strawberry
- 1368 Food, Chicken
- 1369 Food, Banana
- 1357 Food, Beef
- 1380 Food, Crab
- 1381 Food, Tomato
- 1382 Food, Oat
- 1358 Food, Sunflower Seed
- 1377 Food, Rice
- 1378 Food, Salmon
- 1376 Weed, Pigweed
- 1359 Grass, Kentucky Blue
- 1379 Grass, Orchard/Cocksfoot

#1360 HYMENOPTERA, BEE VENOM PROFILE: (CPT 86003 x 5)

- 1361 Honeybee Venom
- 1362 Paper Wasp
- 1363 White Faced Hornet
- 1364 Yellow Hornet
- 1365 Yellow Jacket Venom

Microbiology : New Collection Kit ~ January 2014

Over the next several weeks, PLS microbiology will transition from the SP Brand CultureSwab and BBL Port a cul swab culture systems to the ESwab Collection and Transport system (COPAN Liquid Amies Elution Swab). The ESwab will replace both the SP Brand CultureSwab and the Port a cul swabs used for aerobic and anaerobic culture collection - allowing for both culture types to be collected using only one Eswab collection tube. This system allows better recovery of microorganisms than our current swabs, and provides improved gram stain results. Two swab sizes are available, a standard swab for routine cultures and a flexible mini-tip swab for urethral and nasopharyngeal specimens. An instruction sheet will be distributed with your next supply order. Contact Microbiology with any questions.

Specimen Labeling Reminder

Remember to label all specimens at the time of collection. **The label must include two identifiers. The first identifier should be the patient's first and last legal name.** The second identifier can be the number sticker from the clinical requisition, patient's date of birth, chart number or client label.

- **First Identifier**
  - First and Last Name
- **Second Identifier**
  - Number sticker from the clinical (pink/white) requisition
  - Patient's date of birth
  - Chart number
  - Client label with patient's information

Lead – Whole Blood Requirements

Lead samples must remain at room temperature prior to testing. The samples must be received within 24 hours of draw and should be placed in a Room Temperature bag. The volume of sample required is 100 *u*L of whole blood and may be collected in an EDTA Microcontainer, Royal Blue EDTA or Lavender EDTA tube.

BILLING UPDATES

Client Billing: Points of Contact

Physicians Laboratory Services, Inc:

> Courtney Bullard has joined our billing team and is actively managing client accounts. She is available to assist you with any questions that you may have regarding clinical billing. You can direct faxes to her attention at 402-738-5015 or you can call her directly at 402-738-5074.

Physicians Laboratory, P.C.

> Barb Renicker will remain your point of contact for Physicians Laboratory, PC and is available to assist with any questions regarding anatomic services. Faxes can be directed to her attention at 402-738-5015 and her direct phone line is 402-738-5043.

Medicare Enrollment Of Ordering/Referring Providers

Effective January 6, 2014, CMS will implement a second phase of referring and ordering edits. This phase requires all ordering and referring providers to be enrolled in Medicare in order to receive reimbursement from Medicare. CMS requires that Medicare contractors verify that the ordering/referring provider on Medicare claims (1) has an approved enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS) and (2) is of a specialty that is eligible to order and refer. Providers who are not currently enrolled must enroll in order to be accepted as the ordering/referring provider on Medicare claims.

To see if certain providers are enrolled in Medicare, a PDF has been made available on the following site: http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/MedicareOrderingandReferring.html

If a particular provider is not enrolled and they will be ordering and referring, an application to Medicare must be submitted. This can be done by using the internet-based PECOS or by completing the paper enrollment application (CMS-8550). Medicare Provider-Supplier Enrollment application can be found at http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/index.html.

United Healthcare & Coventry Non-Covered Services

United Healthcare and Coventry are following National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs) as stated by Centers for Medicare and Medicaid Services (CMS). If the ordering provider wants to request testing for reasons that are not defined as medically necessary, the patient has to be informed that their insurance will not cover the costs of the testing and a consent form must be signed. This form should contain the name and price of the tests being requested, as well as a statement as to why this testing will not be covered (ex: frequency). The patient must sign the form prior to the collection of the sample. A copy of this consent must be forwarded to the laboratory and the original should be kept in the patient's medical records. If the appropriate documentation is not obtained, this may result in charges being billed to the provider or facility.

For further information on Medicare National Coverage Determinations, visit:
http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/downloads/manual201301.pdf

For further information on Local Coverage Determinations, visit:
Wisconsin Medicare Website at http://www.wpsmedicare.com/j5macpartb/policy/active/local/

Molecular Preauthorization Requirement

Preauthorization is now required for all insurances for the following molecular tests:

- Factor V Leiden
- Prothrombin G20210A Mutation
- MTHFR Mutation
- JAK-2

Insurance will deny payment for these molecular tests without preauthorization. A preauthorization form must be submitted along with the order to avoid any unnecessary delays in testing. This form can be found on our website under clients ~ forms.

Thyroid Testing

Free Thryoxine or FT4 (CPT 84439) and Total T4 (CPT 84436) are subject to a Column One/Column Two CCI edit and are never reimbursed separately for the same patient on the same date of service. These tests must **not** be ordered together. Free T4 is the Column One (more comprehensive) procedure. If a claim is submitted for both tests, the Total T4 will be denied. This also applies to Free T3 (CPT 84481, Column One) and Total T3 (CPT 84480, Column Two). Total T3 will not be reimbursed if both Free T3 and Total T3 are ordered on the same day of service.

Immunohistochemistry CPT Code Changes

Beginning January 1, 2014, billing codes for immunohistochemistry (IHC) stains will change. These codes will be used for commercial insurances. The descriptions are as follows:

- 88342 Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; first separately identifiable antibody per slide
- 88343 Each additional separately identifiable antibody per slide

CMS has created two new G codes, which will be used for Medicare and Medicare Commercial insurances:

- G0461 Immunohistochemistry or immunocytochemistry, per specimen; first single or multiplex antibody stain
- G0462 Immunohistochemistry or immunocytochemistry, per specimen; each additional single or multiplex antibody stain

HGBA1C FREQUENCY LIMITATIONS

Physicians Laboratory Services has received numerous denials for HgbA1C due to frequency limitations. The Medicare National Coverage Determinations (NCD) states that the following guidelines must be followed when ordering HgbA1C testing:

- It is not reasonable or necessary to perform glycated hemoglobin tests more often than every three months on a controlled diabetic patient to determine whether the patient's metabolic control is within the target range.
- It is not reasonable and necessary for these tests to be performed more frequently than once a month for diabetic pregnant women.
- Testing for uncontrolled type one or two diabetes mellitus may require testing more than four times a year. Medical necessity documentation must support the decision for additional testing. http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/downloads/manual201301.pdf

An Advance Beneficiary Notice (ABN) must be submitted for Medicare patients whenever HgbA1C testing exceeds the frequency limitations. Without a signed ABN, Physicians Laboratory cannot bill the patient for services provided.