

## **NOW PERFORMED IN-HOUSE**

### **Test #7932 – Alpha-Fetoprotein Maternal Screen**

**(Previously sent to ARUP – Test #9433 has been discontinued)**

CPT: 82105

Specimen: 2.0mL (min 1.0mL) Serum and completed PLS Maternal Screening Form

Specimen must be drawn between 14 weeks and 24 weeks gestation.

**\*\*Must be submitted prior to amniocentesis\*\***

Storage: Refrigerated 2 days. Frozen 1 month.

Performed: PLS Omaha

### **Test #9378 – Monoclonal Protein Study, Serum**

**(Previously performed at Mayo)**

Includes Protein Electrophoresis, Serum and Immunofixation Electrophoresis, Serum

CPT: 84155, 84165, 86334

Specimen: 1.0 mL Serum.

Storage: Refrigerated 1 week.

Performed: PLS Lincoln

### **Test #1610 – Monoclonal Protein Study, Urine**

**(Previously performed at Mayo – Test #9268 has been discontinued)**

Includes Protein Electrophoresis, Urine and Immunofixation Electrophoresis, Urine

CPT: 84156, 84166, 86335

Specimen: 30.0 mL Urine, 24-Hour Preferred.

Record total Volume and Collection Time on Requisition.

Storage: Refrigerated 1 week.

Performed: PLS Lincoln

## **OTHER TEST CHANGES – EFFECTIVE APRIL 1, 2013**

### **Test #8027 – HSV Type 1 / 2 IgG and IgM Antibodies**

HSV Type 1/2 IgG & IgM will no longer reflex to additional testing. This test will now always include HSV Type 1 IgG, HSV Type 2 IgG and HSV IgM. For this reason, the CPT codes have changed and are listed below for your review. Pricing and specimen requirements will remain the same.

New CPT Codes:

86695, 86696, 86694

Previous CPT Codes:

86694x2;

If IgG positive then reflex to 86695 and 86696

### Test # 9781 – ANCA Panel

The ANCA Panel will no longer reflex to additional testing. This test will now always include an ANCA Titer IFA, ANCA Pattern, Myeloperoxidase Antibody and Proteinase 3 Antibody. For this reason, the CPT codes have changed and are listed below for your review. Pricing and specimen requirements will remain the same.

New CPT Codes:  
86256, 83516x2

Previous CPT Codes:  
86255;  
If reflexed add 86256 ANCA titer and 83516x2

### Test #288 – Stone Analysis

Stone Analysis results used to consist of a hard copy report with photos attached. Effective April 1<sup>st</sup>, the results will now be electronic with a link provided that will allow the provider to access the photos via the web. A physical copy of the report and photos will no longer be distributed.

### Test #528 – Lupus Anticoagulant Panel

This panel has been modified and now includes an additional CPT, as well as different reflex criteria. The reflex conditions are as follows:

Reflex Condition	Reflex Test Name	Reflex CPT Codes
PT > 15.0	PT, Patient/Control Mix	85611
TCT > 100	TT, Patient/PSO4 Mix	85675
aPTT > 36	aPTT, Patient Control Mix	85732
aPTT mix > 5	HPNT (Hexagonal Phospholipid Neutralization)	85598
dRVVT > 45.7	dRVVT Mix Ratio	85613
dRVVT Ratio > 1.2	dRVVT Confirm Ration	85613

New CPT Codes:  
85610, 85670, 85730, 85613

Previous CPT Codes:  
85610, 85730, 85613

Please note that this affects both the Thrombophilia & Thrombophilia II Panels since the Lupus Panel is included in both of these profiles.

1556	<u>Thrombophilia Panel I</u>	
	Cardiolipin IgG & IgM	86147x2
	Factor V Leiden Factor w/ Prothrombin Factor II G20210A	81240, 81241
	Homocysteine	83090
	Protein C Functional	85303
	Protein S Functional	85306
	Antithrombin III Activity	85300
	Lupus Anticoagulant Panel	85610, 85670, 85730, 85613
7598	<u>Thrombophilia Panel II</u>	
	Cardiolipin IgG & IgM	86147x2
	Factor V Leiden Factor w/ Prothrombin Factor II G20210A	81240, 81241
	Homocysteine	83090
	Protein C Functional	85303
	Protein S Functional	85306
	Antithrombin III Activity	85300
	Lupus Anticoagulant Panel	85610, 85670, 85730, 85613
	MTHFR	81291

## **NEW TEST NUMBERS – URINE & FECAL SAMPLES**

Several esoteric urine tests now require distinct codes for random versus 24-hour samples. Fecal Fat testing also has separate codes based on the hours of collection. The revised codes are as follows:

<b><u>Test #</u></b>	<b><u>Test Description</u></b>	<b><u>CPT</u></b>
809	5-HIAA, Urine 24 Hour	83497
7929	5-HIAA, Urine Random	82570, 83497
8124	Cadmium, Urine 24 Hour	82300
7930	Cadmium, Urine Random	82300, 82570
7696	Chloride, Urine 24 Hour	82436
7931	Chloride, Urine Random	82436
776	Oxalate, Urine 24 Hour	83945
7934	Oxalate, Urine Random	83945
815	VMA (Vanillylmandelic Acid), Urine 24 Hour	84585
7935	VMA (Vanillylmandelic Acid) Urine Random	84585, 82570
7936	Fecal Fat, 48 Hour	82710
868	Fecal Fat, 72 Hour	82710

## **DISCONTINUED TESTS**

#9091 – CMV (Cytomegalovirus) PCR Whole Blood, Bone Marrow or Buffy Coat  
Refer to #7610 CMV (Cytomegalovirus) Quantitative by PCR

#9092 – CMV (Cytomegalovirus) by PCR  
Refer to #7610 CMV (Cytomegalovirus) Quantitative by PCR

#1911 – Fetal Risk Assessment Profile  
Refer to #1428 – Quad Screen

#333 – Bordetella Pertussis DFA  
Refer to #8201 – Bordetella Pertussis & Parapertussis by Real-Time PCR

#9332 – Factor XIII (13) Qualitative with Reflex to Factor XIII 1:1 Mix  
Refer to #7937 – Factor XIII Activity

#9292 – HPV DNA Probe High Risk Digene  
Refer to #7614 – HPV High Risk Screen w/ Reflex to 16/18

#9385 – Muscle Specific Receptor Tyrosine Kinase (MuSK Antibody)  
No replacement

#346 – Overdose Panel  
No replacement

## **SPECIMEN REQUIREMENT CHANGES – EFFECTIVE APRIL 1, 2013**

### **Test #519 – Cryptococcus Antigen**

**New Specimen Requirement: 1.0 mL Serum or 1.0 mL CSF.**

Both serum and CSF are acceptable specimen types for this test. Previously, there were separate order choices for each specimen type. This is no longer necessary. **\*\*Test # 859 will be discontinued\*\***

### **Test #9122 – Heparin Induced Thrombocytopenia Antibodies**

**New Specimen Requirement: Platelet Poor Citrate Plasma \*\*CRITICAL FROZEN\*\***

Submit 2 separate tubes with 1 mL frozen plasma in each tube.

If other tests are ordered, separate specimens must be submitted.

## **SPECIMEN LABELING – POUR OFF TUBES**

Certain tests require EDTA Plasma, Platelet Poor Citrate Plasma or Heparin Plasma. In these instances, it is necessary to spin the whole blood sample and pipette the plasma into a separate plastic tube for transport. Please clearly write the specimen type on the plastic tube so that our testing personnel can easily determine if the correct specimen type was submitted for testing. The original whole blood tube is not needed for analysis and should be discarded once the plasma has been removed.

## **FAX & CALL INFORMATION ON REQUISITIONS:**

If you need a result called or faxed to another provider or possibly a pharmacy, our client service team will be happy to assist with this request. Please indicate this information clearly on the requisition. It is important to note the complete phone number (including area code) and whether we are to call or fax to this number. Once all tests are resultted, we will automatically complete this request.

## **MICROBIOLOGY PRICING, TEST CODE, & CPT CHANGES – EFFECTIVE APRIL 1ST**

The tests listed below are added to cultures when specific reflex criteria have been met. In some instances, these codes will be charged in multiple depending on the number of organisms found. The CPT and cost listed below is for a single unit only. All of these charges are in addition to the original culture order.

Fungus Cultures:	If reflexed to ID	3431	Fungus ID, Yeast: CPT 87106 Cost \$15.00 per Unit
		3436	Fungus ID, Mold: CPT 87107 Cost \$15.00 per Unit
Beta Strep:	If reflexed to Typing	3432	Culture, Typing Pathodex: CPT 87147 Cost \$5.00 per Unit
Stool Culture:	If reflexed to Typing	3434	Culture, Typing: CPT 87147 Cost \$5.00 per Unit

## **BILLING UPDATES**

### **New Client Invoice Formats & Patient Information Requests – Effective April 1, 2013**

Clients will notice a new invoice format beginning in April. In an effort to improve our services, Physicians Laboratory will now provide more test detail including the test number, test name, CPT codes for all tests (including panels), units, modifiers and pricing information.

Additionally, patient information requests will now be automated. As of April 1<sup>st</sup>, all patient requests will be faxed as one complete document. This will allow our clients a more comprehensive method of reviewing all charges that have incorrect or missing information (ex: missing provider, diagnosis or payer information). Edits can be made on these request forms and faxed back to our billing department at (402)738-5015.

### **Insurance Companies to Follow CMS**

Several insurance companies are now enforcing Medicare guidelines. This includes the utilization of National Coverage Determinations and Local Coverage Determinations (NCDs) to determine medical necessity. Coventry and United Healthcare have already implemented these changes and Blue Cross Blue Shield of Nebraska will begin to use similar guidelines later this year. Additionally, several insurance companies have decreased timely filing limits allowing a much smaller window to submit claims for payment. For these reasons, it is imperative that all lab orders include appropriate diagnosis codes and complete insurance information to avoid unnecessary delays in processing.

Links to the Medicare NCD and LCD policies are listed below for your reference:

Medicare NCD Manual 2013:

<http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/Downloads/manual201301.pdf>

Medicare LCD – Wisconsin Website:

<http://www.wpsmedicare.com>

### **Medicare Claims – Inconsistencies in Patient Information**

Medicare rejects claims as unprocessable when the patient's name and/or Medicare number on the claim do not match the name listed on the laboratory order. The claim must be submitted with the name and Medicare number exactly as it is on the patient's most recent Medicare card.

Common errors include:

- The use of nicknames rather than the legal name that is located on the Medicare card.
- The omission of the suffix "Jr." or "Sr."; incorrect punctuation within the name, such as omitting an apostrophe (O Connor or OConnor instead of O'Connor); or inserting a comma after the last name and/or before "Jr." or "Sr." when the name on the card does not contain a comma.
- Not including both last names and/or hyphenated names. Medicare claims must contain the name exactly as it appears on the most recent Medicare card (Smith Jones or Smith-Jones).

## **DIAGNOSIS CODES NEEDED ON PAP SMEAR ORDERS**

Physicians Laboratory is receiving numerous Pap smear orders with no diagnosis code indicated. This results in filing delays and additional calls and faxes to client facilities. Pap smears must be coded appropriately based on whether the testing is being conducted for screening or diagnostic purposes.

**Screening pap smears** are performed in the absence of signs, symptoms or history. Criteria for screening pap smears could be one of the following:

- Physician recommends the procedure
- Patient is of childbearing age
- No Pap smear in the past 3 years
- High risk factors for cervical or vaginal cancer

Common Pap smear screening codes:

**V72.31** Routine gyn exam (if ob/gyn performs breast exam etc.) includes cervical Pap screening.  
Must add codes for HPV, GC/CT and vaginal Pap screenings.

**V76.2** Cervical Pap screening only

**V76.47** Vaginal Pap screening only (hysterectomy for non-malignant reasons)

**V76.49** Pap screening other sites (hysterectomy for malignant conditions)

**V15.89** High risk screening

**Diagnostic pap smears** are performed when any of the following criteria have been met:

- Has been treated or is being treated for cancer of the cervix, uterus or vagina
- Follow up on a previous abnormal Pap smear
- Abnormalities of the vagina, cervix, uterus, ovaries or adnexa are found on exam
- Signs or symptoms that might reasonably be related to a gynecological disorder

Per the Wisconsin Medicare LCD (<http://www.wpsmedicare.com>), the following diagnosis codes are acceptable for diagnostic Pap tests:

<u>INFECTION</u>	<u>NEOPLASM</u>	<u>OTHER DISORDER OF</u>
016.70-016.76	158.8	<u>FEMALE GENITAL TRACT</u>
042	171.6	617.0-617.9
054.10-054.12	179-184.9	620.0-621.8
078.10-078.19	195.3	622.2-622.9
079.4	197.6	623.0
090.0-099.9	198.6	623.1
131.00	198.82	623.5
131.01	218.0-221.9	623.7
V01.6	233.1-233.39	623.8
V02.7	236.0-236.3	623.9
V02.8	239.5	624.6
		624.8
<u>INFLAMMATORY</u>	<u>ABNORMAL PAP</u>	625.70
<u>DISEASE</u>	<u>TEST OF CERVIX</u>	625.71
614.0-616.9	795.00-795.19	626.0-626.9
		627.0-627.9
<u>OVARIAN</u>	<u>DYSPLASIA</u>	654.10-654.14
<u>DYSFUNCTION</u>	622.10-622.12	654.80-654.84
256.0-256.9		760.76
		V10.40-V10.44
<u>SYMPTOMS</u>		
789.30-789.37		
789.39		

## **ADVANCED TECHNOLOGY – SUPERIOR SERVICE**

The following services are available to our clients. Please call your account representative if you have any questions regarding the information listed below.

### **COPIA OUTREACH MODULE – SOFTWARE FOR CLIENT ORDERS & RESULTS**

- Web based application
- Direct Integration with our Laboratory Information System
- System generated requisitions and specimen labels
- Trending, graphing and cumulative reporting capabilities
- Utilization and management reports available on demand
- NCD/LCD checks for Medicare patients
- Auto generation of ABN forms for Medicare patients
- Customizable quick pick lists for tests and diagnosis codes
- Secure Access to Results and reports 24/7

### **IN-HOUSE INTERFACE ENGINE – EMR/LIS ORDERS & RESULTS INTERFACES**

- Rapid deployment of order and result interfaces
- Minimizes dependency on 3<sup>rd</sup> party vendors for connectivity
- Interfaced with over 20 different EMR/LIS vendors
- Advanced IT Team dedicated to providing interface support

### **BILLING SYSTEM**

- Automated census requests for nursing homes
- Client reports that summarize incomplete patient data
- Billing proofs available at requested timelines
- Detailed invoices with breakdown of CPT, units and modifiers
- Management of client requests for specific billing directives

### **PHYSICIANS LABORATORY WEBSITE**

- Order supplies online
- Access to online test results
- Pay My Bill service online
- Test directory
- Memos and technical bulletins available

## **PHYSICIANS LABORATORY CONTACTS:**

### Client Services / Clinical Processing:

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