

LAVENDER TUBES NO LONGER ACCEPTED FOR METALS TESTING

Effective November 12, 2018, Physicians Laboratory will no longer accept lavender tubes for any metals testing.

This includes:

820	Arsenic, Blood
1937	Cadmium, Blood
2408	Cobalt, Blood
1788	Heavy Metals Panel 3, Whole Blood
2816	Lead, Blood (Venous)
811	Lead, Industrial Exposure Panel, Adults
7941	Magnesium, RBC
9200	Manganese, Whole Blood
627	Mercury, Whole Blood

For all of the tests indicated above a BD Vacutainer Royal Blue (K2EDTA) Tube must be submitted. Testing will be cancelled if a lavender tube or non-certified trace element free transport tube is submitted.



PATIENT HISTORY FORM FOR MATERNAL SERUM TESTING UPDATED EFFECTIVE 07-2018

The required patient history form for maternal serum testing has been updated and is available on our website. Quad Screen #1428 and Alpha-Fetoprotein (AFP) Maternal Screen #7932 have a link to the required specimen form. This information must be provided before testing can be performed.

WELLCARE OF NEBRASKA – PREAUTHORIZATION REQUIRED FOR GASTROINTESTINAL PROFILE

Effective immediately, Wellcare of Nebraska requires preauthorization for test #8384 Gastrointestinal Pathogen Panel CPT Code 87507. Please make sure that the preauthorization has been obtained prior to the collection and submission of the sample. If preauthorization is not obtained, please submit a copy of a signed Advance Beneficiary Notice (ABN).

WELLCARE OF NEBRASKA – PREAUTHORIZATION REQUIRED 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.

UNITED HEALTHCARE - REVISION TO LABORATORY SERVICES POLICY

For dates of service on or after June 1, 2018, only reference laboratories reporting laboratory services appended with modifier 90 will be eligible for reimbursement. Non-reference laboratory physicians or other health care professionals that report laboratory services with modifier 90 will no longer be reimbursed. This policy enhancement will align with Centers for Medicare & Medicaid Services (CMS guidelines that only allow reimbursement of laboratory services to the reference laboratory for referred laboratory services. This announcement pertains to reimbursement policies for services reported using the 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent or its successor form. (UnitedHealthcare Network Bulletin March 2018)

BLUE CROSS BLUE SHIELD OF NEBRASKA – FECAL CALPROTECTIN TESTING REQUIRES PREAUTHORIZATION

Effective immediately, Blue Cross Blue Shield of Nebraska requires preauthorization for test #9391 Fecal Calprotectin (CPT 83993). You can view additional information and/ or submit pre-authorization on BCBS of Nebraska's Med Policy Blue page <https://medicalpolicy.nebraskablue.com/home>.