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TECHNICAL BULLETIN

JUNE 2019

ENTERIC PATHOGEN PANEL BY PCR #8446 LCD COVERAGE CPT 87506

A recent LCD published by Medicare (WPS) has restricted coverage for multiplex Gastrointestinal Pathogen (GIP) molecular assays. Testing is now only covered when there is clinical concern for C. difficile colitis. To bill for 87506, the claim must contain A04.71 or A04.72 as the primary code plus at least one additional diagnosis from the Group 1 code list found here:

https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=37766

Questions, please contact Kacey Moreland or Jean Fisher 402-731-4145.

C. DIFFICILE (TOXIGENIC) DNA DETECTION #8187 – IMPLEMENTING TWO-TEST ALGORITHM

Effective July 2019 - To ensure continued best practices and reflect the current Infectious Diseases Society of America (IDSA) guidance, Physicians Laboratory will begin reflexing all positive molecular *C. difficile* tests to a *C. difficile* toxin test. This multi-step algorithm for *C. difficile* testing has been shown to provide better clinical *C. difficile* diagnosis and improved patient management.

Recent studies show molecular tests are extremely sensitive but may lack clinical specificity (Christopher R. Polage, 2015). Many patients positive for *C. difficile* by a molecular test, lack *C. difficile* toxins that historically defined *C. difficile* disease (Christopher R. Polage, 2015). Without knowing the toxin status, patients may be over diagnosed, and treated unnecessarily with antibiotics.

Physicians Laboratory will continue to adhere to the current testing guidance and sample rejection criteria to include the following:

- Reject formed stool as unacceptable
- Limit testing to patients with ≥ 3 non-formed stool specimens per 24 hour period
- Do not test patients who have received a laxative in the previous 48 hours
- If a patient is positive for *C. difficile*, no additional specimens will be accepted for 10 days as no *C. difficile* assay is approved as a test of cure
- No longer accept samples for repeat testing within 7 days if original patient sample is negative

Interpretive Information:

1. Initial screening by molecular amplification assay
   - Negative – sample resulted as "*C. difficile* DNA Negative"
   - Positive – the same sample is immediately reflexed using the Immuno*Card* Toxins A&B EIA.
2. Reflex *C. difficile* toxin EIA testing
   - Negative – resulted as "*C. difficile* toxin EIA Negative" – likely colonization
   - Positive – resulted as "*C. difficile* toxin EIA Positive" – likely active *C. difficile* infection (CDI)

Reflex Toxin EIA test - CPT 87324 Client Price: $30

Questions, please contact Jean Fisher or Kayleigh Griffin in the Microbiology Department 402-731-4145

REFERENCE: Christopher R. Polage, M.M.-W. (2015). Overdiagnosis of Clostridium difficile Infection in the Molecular Test

SPECIMEN REQUIREMENT CHANGE – EFFECTIVE IMMEDIATELY

1620 Risperidone & Metabolite
Specimen Type: 1.0 mL Serum from a **NON-SST (CLOT) TUBE**
Separate Serum from Cells within 2 Hours of Collection
Testing requested on a SST will be cancelled and the patient will need to be recollected

CIGNA WILL NO LONGER PAY FOR PASS-THROUGH LABORATORY BILLING

Effective May 18th, Cigna released a new policy stating the following:

Pass-through bills for laboratory services:

"Pass-through billing occurs when providers bill for laboratory services they have not actually performed. For example, a provider draws blood in the office setting (place of service [POS] code 11), sends it to an outside laboratory for processing, and then bills Cigna for this service.

[Cigna] will deny claims for pass-through laboratory services, which are those that are submitted for reimbursement with modifier 90 in POS Code 11.

The processing laboratories should bill Cigna directly, and we will reimburse them according to a customer's benefit plan."

Several other insurance companies have already implemented similar policies. These include:

- United Healthcare
- Humana
- QualChoice
- Aetna

CPT CODE UPDATES (EFFECTIVE IMMEDIATELY):

881 Protein Electrophoresis, Serum
Previous CPT: 84165
New CPT: 84155, 84165

9716 5-a-Dihydrotestosterone
Previous CPT: 82542
New CPT: 82642

8362 BRCA1 & BRCA2 Sequencing
Previous CPT: 81211
New CPT: 81163

7718 Complement Activity, Alternative Pathway (AH50)
Previous CPT: 86162
New CPT: 86161

NEW TESTS AVAILABLE – EFFECTIVE IMMEDIATELY

3863 Pap Smear, ThinPrep Image w/ Reflex HPV (ACOG Guidelines) plus Chlamydia/GC
CPT: 88175, 87491, 87591; Reflex to 87624 if HPV High Risk is added; 87625 if 16/18/45 Genotype is added.
**Chlamydia/GC will automatically be performed. HPV High Risk Screen will only be added to patients between the ages of 21-29 if the Pap smear is ASCUS. For patients between the ages of 30-65 HPV High Risk Screen will always be added, but Genotyping will only be performed if the Pap smear is negative and the HPV High Risk Screen is positive. This test will not reflex to HPV testing for patients less than 21 years of age and greater than 65 years of age. Contact Client Services if you would like to add on HPV testing. **

3864 Pap Smear, ThinPrep Image w/ Reflex HPV (ACOG Guidelines) plus Chlamydia/GC/Trichomonas
CPT: 88175, 87491, 87591, 87661; Reflex to 87624 if HPV High Risk is added; 87625 if 16/18/45 Genotype is added.
**Chlamydia/GC/Trichomonas will automatically be performed. HPV High Risk Screen will only be added to patients between the ages of 21-29 if the Pap smear is ASCUS. For patients between the ages of 30-65 HPV High Risk Screen will always be added, but Genotyping will only be performed if the Pap smear is negative and the HPV High Risk Screen is positive. This test will not reflex to HPV testing for patients less than 21 years of age and greater than 65 years of age. Contact Client Services if you would like to add on HPV testing. **