



September 1, 2015

RE: Nebraska Methodist Hospital Pathology Center Special Bulletin
ANNUAL NOTICE TO PHYSICIANS 2015

Dear Partner,

We are enclosing for your review the Annual Notice to Physicians for medical necessity, reflex testing, and 2015 CPT code changes. The Office of Inspector General (OIG) requires that laboratories send this information annually to ordering physicians. Please forward copies to your billing office and other pertinent personnel as well as retaining for your records.

If you require additional copies of the bulletin or require clarification of the information presented, please contact a pathologist at 402-354-4541. A copy of these documents will be posted on the Pathology Center Website as well as the Methodist Hospital Intranet.

Thank you.



ANNUAL NOTICE TO PHYSICIANS 2015

Nebraska Methodist Hospital Pathology Center is providing physician clients with an annual notice of our commitment to adhere to all federal and state laws and program requirements for federal, state, and private health plans. This annual notice is in compliance with the regulations and requirements of the Office of Inspector General (OIG) of the Department of Health and Human Services, and the Center for Medicare and Medicaid Services (CMS).

The information below is provided to promote awareness of federal regulations and explain your need for documentation when ordering testing services for federally insured patients.

MEDICAL NECESSITY

Medicare will pay only for tests that meet the Medicare coverage criteria and are “reasonable and necessary to treat or diagnose an individual patient”. *Section 1862 (a) (1) (A) of the Social Security Act.*

When instructing us to seek Medicare reimbursement, you must order only those tests that you believe to be medically necessary for patient diagnosis and treatment. This includes any and all tests that are components of ordered panels.

As a provider, you are responsible to:

- document medical necessity for each test in the permanent patient medical record
- provide appropriate diagnostic information in the form of ICD-10 code(s) (beginning October 1, 2015) with any test(s) for which you instruct us to seek Medicare reimbursements.
- provide complete information for billing including copies of the patient’s primary and secondary insurance, policy holder and date of birth of policy holder, diagnosis codes, and whether prior authorization is required.

As a provider, you are responsible for assuring the completion of an Advance Beneficiary Notice (ABN) in the circumstances outlined below:

ADVANCE BENEFICIARY NOTICES (ABN)

Medicare can deny reimbursement for tests based upon absence of medical necessity, routine health screening, investigational use only tests and frequency limitations. An ABN signed by the patient prior to service is necessary to document that the patient is aware that Medicare may not pay for a test and that the patient has agreed to pay for the testing in the event that Medicare payment is denied.

The following reasons are commonly provided by Medicare when claims are denied:

- Medicare does not usually pay for this service for the diagnosis provided.
- Medicare will not pay for research or investigational use tests.

- Medicare does not pay for this service based on frequency limitations.
- Medicare does not pay for most routine screening tests.
- Medicare does not pay for annual physical exams.

If you order a test that Medicare is likely to deny payment on, the laboratory requisition must be accompanied by an appropriately completed ABN. ABN's must be obtained prior to specimen collection and/or the service being performed. Patients presenting directly to a Methodist Pathology Center associated facility or draw center to have blood drawn will be screened for the necessity of an ABN prior to the specimen collection. Patient specimens collected at Methodist Pathology Center client sites must be screened by the client. If an ABN is necessary, a copy of the completed ABN must be sent to the laboratory with the test requisition and the specimen.

Each ABN must be specific to each laboratory test ordered. Each test must be accompanied by the specific reason that Medicare might not pay for the test. Blanket waivers for all tests ordered on a Medicare patient are not allowed by Medicare and will not be accepted by Methodist Pathology Center.

Without a signed ABN, the patient has no obligation to pay for the service. When payment for services are denied because of inappropriate medical necessity or lack of ABN documentation, Methodist Pathology Center will notify the physician, client and/or clinic of the issue. Methodist Pathology Center will document these occurrence issues and if not remedied, your office account may be billed directly. If you have questions concerning documentation, please contact Client Services at (402) 354-4541.

CUSTOM PROFILES

Use of custom profiles is strongly discouraged. If a physician requests a customized test order profile, a signed physician acknowledgement is required from each physician who will be ordering the custom profile. Federal regulations require that acknowledgment forms be signed annually and returned to the laboratory. Physician acknowledgements will affirm:

- The custom test order profile was created at the request of the physician(s).
- The physician is informed of the amount Medicare will reimburse for each test included in the custom profile.
- The physician(s) will order individual tests or a less inclusive profile when one or more of the tests in the customized profile is not medically necessary for the patient.

2015 CPT CHANGES

The American Medical Association (AMA) has made many additions, deletions and description changes to the CPT 2015 coding manual that apply to Pathology services and additional modification of Molecular testing codes remains under review. These changes occurred on January 1, 2015. If you have questions concerning CPT code changes, please contact Client Services Representative at (402) 354-4541.

PREAUTHORIZATION

Preauthorization from the patient's healthcare plan carrier is required for many esoteric and molecular or genetic tests. Once you have confirmed preauthorization, please attach this documentation to the requisition accompanying the specimen to assure appropriate billing. If preauthorization for Molecular/Genetic testing is not confirmed prior to collection and testing, your practice and/or your patient may be responsible for the expense. Contact Client Services at (402)354-4541 to address any questions you may have.

REFLEX TESTING

When defined criteria are met for some laboratory tests, additional testing will be automatically be performed to provide more conclusive laboratory information for diagnosis and treatment. The CPT coding will accurately reflect the testing that is performed. If you determine that reflex testing is not medically necessary for your patient, you may opt out by indicating on the requisition only the specific test or component necessary and writing "no reflex" on the requisition.

Please refer to the list attached for the current reflex testing cascades used at Methodist Pathology Center. Esoteric testing not performed at Methodist Pathology Center is sent to outside referral laboratories. These referral laboratories also utilize reflex testing cascades. Some of the more common referral laboratory reflex tests are also listed. If you have any questions regarding reflex testing, please contact Client Services to reach a Pathologist at (402) 354-4541.

REFLEX TESTING

TEST ORDERED	CPT	REFLEX PROTOCOL	REFLEX CPT
Antibody Screen	86850	If positive, antibody identification (ABID), Antigen Typing (patient), Antigen Typing (units), Direct Coombs (DAT), Antibody Titer.	86870,86905, 86902, 86880, 86886
Direct Coombs (DAT)	86880	Eluate performed when DAT is positive	86860
Rapid Strep Antigen (Group A)	87430	If negative, Strep Culture	87081
Acid Fast Culture	87116 and 87206, 87015 if indicated	Additional testing as needed	87077, 87118, 87149, 87181, 87184, 87186, 87188, 87190
Blood Culture	87040	Additional testing as needed	87077, 87147, 87181, 87184, 87185, 87186
Fungal Culture	87101, 87102, 87103, 87206	Additional testing as needed	87106, 87107
Routine Culture	87070 and 87075 for anaerobic culture if indicated and 87205 for gram stain. 87015 and 87176 if indicated	Additional testing as needed	87076, 87077, 87147, 87181, 87184, 87185, 87186
Stool Culture	87045, 87046, 87427	Additional testing as needed	87077, 87181, 87184, 87186
Urine Culture (includes Colony Count) Positive only	87086	Additional CPT's may be added for ID and susceptibility(ies)	87077, 87088, 87147, 87181, 87184, 87185, 87186
Clostridium Difficile	87324	Positive C. difficile EIA will reflex to C difficile PCR	87798
Trich Wet Prep	87210	If negative for Trichomonas, Trichomonas culture will be performed	87081
ANA Antinuclear Antibody	86038	If positive or equivocal, ANA titer performed	86039
HIV	86703	If positive, Western Blot performed	86689
Hepatitis C Antibody	86803	If positive, additional testing as needed	87522
Syphilis Total Antibodies	86780	Reactive results will reflex to RPR. If RPR Negative will reflex to FTA-ABS. If FTA Inconclusive reflex to TP-PA.	86592, 86593
RPR	86592	If reactive will reflex to Syphilis Total Antibody	86780
Toxoplasma IgG	86777	If IgG positive, the toxoplasma IgM will be performed	86778
Cryptococcus Antigen	86403	Positive results are titered	86406
Pediatric Respiratory Panel	87502, 87503, 87807	If Influenza A/B PCR and RSV antigen are both Negative, RVP PCR will be performed.	87633, 87798, 87486, 87581
Varicella Zoster (VZV) DFA reflex to culture	87290	Negative VZV DFA will reflex VZV Culture. If VZV culture grows Herpes Simplex Virus (HSV), an HSV culture will be reflexely ordered and reported.	87252, 87254, 87255, 87140X2
Herpes Simplex Virus (HSV) DFA reflex to culture	87273, 87274	Negative HSV I & II DFA will reflex to HSV Isolation w/ID and Culture typing	87255, 87140x2

TEST ORDERED	CPT	REFLEX PROTOCOL	REFLEX CPT
TSH/reflex to Free T4	84443	TSH outside reference range, Free T4 performed	84439
Transcutaneous Bilirubin	88720	If > 14.0 mg/dl, serum bili performed	82247
Protein Electrophoresis Serum Reflex to Immunofixation	84165	If Para protein present, ID by immunofixation electrophoresis	86334
Immunofixation Serum	86334	Protein electrophoresis Serum	84165
Drug screen, urine	80101x7 & G0431x7	Positive Amphetamine, methamphetamine screen confirmation is performed	82145
24 hour urine collections for any analyte	Examples: 82575, 82340, 84133	Urine volume is measured to determine 24-hr quantity of the analyte	81050
Urinalysis, Culture if Positive	81001	If urinalysis is positive culture is performed	87077, 87086, 87088, 87147, 87181, 87184, 87185, 87186
Lupus anticoagulant	85610, 85730, 85670, 85384	If PTT >44, mixing studies will be performed	85732, 85613x2
von Willebrand panel Reflex to Multimer	85240,85245, 85246	If abnormal von Willibrand Multimer performed.	85247
Activate Protein C Resistance Profile Reflex to Factor V Leiden PCR	85307	If positive Factor V Leiden PCR will be performed	81241
T and B lymphocytes	88184, 88185, 88185, 86355, 86357, 86359, 86360	CBC performed	85025
Cell surface markers	88184, multiples of 88185	CBC performed	85025
BCR/ABL	83902, 83898x2, 83891, 83912	CBC performed	85025
Cytopathology fluids	88108, 88112, 88305, 88160, 88161	Per pathologist order	88312, 88313, 88318, 88319, 88342, 88346, 88182, 88184, 88185, 88187, 88188, 88189, 88329, 88333, 88334, 88348, 88349, 88360, 88361
Pap smear, liquid fixative	88142, G0123	ASCUS r/o CIN or per pathologist order, HPV High Risk, HPV 16 and 18/45	87621
Peripheral Smear Consult	85060	CBC	85025
Surgical pathology	88300, 88302, 88304, 88305, 88307, 88309	Per pathologist order	88311, 88312, 88313, 88314, 88318, 88319, 88342, 88346, 88182, 88184, 88185, 88187, 88188, 88189, 88329, 88331, 88332, 88348, 88349, 88360, 88361, 88365, 88367, 88368



September 2015

TO: All Methodist Pathology Center Clients

FROM: Lynette Jelden, Business Operations Manager, Laboratory Client Services

RE: Genetic Testing Pre-authorization

Molecular/genetic testing can play an important role in making a definitive diagnosis to treat the patient appropriately. However, because of the high costs associated with this testing, many insurance plans now require prior authorization.

A list of commonly ordered genetic tests is attached to this notice. Pre-authorization must be obtained by the ordering provider before the tests are collected. This process can take several days and tests can not be held in the Pathology Center while waiting for pre-authorization. The Pathology Center will not delay testing of specimens received in the laboratory. Without pre-authorization, some molecular/genetic testing will not be covered by the patient's insurance provider. **If the insurance provider does not pay for the cost of testing due to lack of pre-authorization, the client office could be billed for the cost of the test.**

We ask that before the specimen is scheduled to be drawn or slides be pulled for additional testing, that the patient's insurance is verified for eligibility and it has been confirmed and documented whether prior authorization is required and it has been initiated.

Attached is a list of Genetic tests that are orderable through Methodist Pathology. This list is not all inclusive and could change without notice. Please call Methodist Pathology at 402.354.4540 with any questions.

Genetic tests
Pre-authorization needed before testing

TEST	CPT CODES
APC Resistance reflex to Factor V Leiden	See Leiden factor V by PCR 85307 /81241
BCR/ABL by PCR, Qualitative	81206 / 81207
BCR/ABL by PCR, Quantitative	81206
BRAF	81210
CGH Microarray	Varies (includes 81406 or 81229, 88239 or 88237 or 88233 or 88235 dependent upon Specimen type)
Chromosome, Amniotic	Varies (includes 88285/88280/88261/82106, 88235 x2 88269)
Chromosome, Blood	Varies (includes 88285 x3 /88280 x2 /88261 / 88230 x2 /88289)
Chromosome, Bone Marrow	Varies (includes 88285/88280/88261/88237)
Chromosome FISH	Varies (includes 88271 x varies, 88275 x varies)
Chromosome Fragile X	Varies (includes 88285/88280/88261/88289)
Chromosome, Tissue	Varies (includes 88285 x3 /88280 x2 /88261 /88233 x2 /88239 x2)
CYP2D6 Gene Analysis	ARUP #51232 81226
Cystic Fibrosis Screening	81220
EGFR	88361
Foundation One	81201/81206/81210/81211/81235/81242/81245/81270/81275/81292/81295/81298/81310/81315/81321
Hemochromatosis DNA	81256
Hemoglobin Conformation Newborn	83894
HLA ABC Luminex	81372
HLA B 27	81381
HLA DR DQ Lumnex	81375
HLA DQB Genotyping	81362
Huntington Disease	ARUP 40018 81401
IBD sgi Diagnostic - Prometheus	83520 / 82397 / 86140 / 88347 / 81479
IgH Heavy Chain by PCR	Varies
Jak 2, Qualitative	ARUP 51245 81402
Jak 2, Quantitative	ARUP 40168 81270
Jak 2 Exons 12-15	Mayo 89189 81403
Jak 2 Panel, with reflex to Exon 12	ARUP 2012085 81270 / reflex 81403
Jak 2 Panel, with reflex to CLAR with reflrx to MPL	ARUP 2012084 81270 / reflex 81479 / reflex 81402
KRAF	81275
Leiden Factor V by PCR	85307 / 81241
Lymphocyte Cell (T&B) Typing	Varies 88184 / 88185 x2 / 86355 / 86357 / 86357 / 86359 / 86360
MPL Gene Analysis	Varies ARUP 200545 81402
MTHFR Mutation Detection PCR	81291
Prothrombin Nucleotide 20210 (Factor II)	81240
T Cell Gene Rearrangement	81342
TPMT, Genetic	81401