
MEMORANDUM

02/22/2010

TO: PHYSICIANS LABORATORY CLIENTS

**FROM: Kacey Moreland, MBA
Director of Marketing**

SUBJECT: Coventry Policies Regarding Genetic Testing Preauthorization

Coventry has published a list of CPT codes that are considered Genetic testing and that require preauthorization. The complete list of codes is included in the attached notice from Coventry. Due to this policy, Physicians Laboratory must require preauthorization prior to performing the following tests:

9339	Norwalk Virus	87798
1523	Hgb Electrophoresis Newborn	83894
9717	BCR-ABL Translocation Assay	83891, 83902, 83913, 83898x2, 83896x4, 83912
8002	Urovysion	88291, 88274, 88271x4
2070	Leiden Factor 5 w/ G20210A	83890x2, 83898x2, 83896x4, 83912
2071	Leiden Factor 5	83890x2, 83898x2, 83896x2, 83912
2072	Prothrombin G20210A Mutation	83890, 83898, 83896x2, 83912
9311	JAK-2 (V617F Mutation, Qualitative)	83891, 83900, 83914, 83894, 83912
7301	Hepatitis C Virus Genotyping	87902
7649	Cystic Fibrosis Screening	83914x32, 83900, 83901x14, 83912, 83909, 83891
9201	MTHFR Mutation Detection PCR	83890, 83900, 83896x4, 83912
9744	Hemochromatosis Mutation	83890, 83900, 83896x4, 83912
REF	Cytochrome CYP2D6 14 Mutations	83891, 83900, 83901x6, 83914x12, 83912

The above list includes the most commonly ordered tests that are affected by this change in Coventry policy. When these tests are ordered on a Coventry patient, the client must complete the attached form and submit this with the requisition and specimens. Someone from the ordering facility must sign this form and acknowledge that preauthorization has been received prior to submitting samples for testing. Physicians Laboratory will not proceed with testing unless this form is received. By signing this form the client office agrees to pay for testing if insurance denies payment due to the lack of preauthorization. Please note that preauthorization should be obtained prior to the patient being drawn as this process can take several days. Specimen stability requirements for many of the tests listed above require that testing be performed within 48 hours of draw.

Additionally, HPV testing performed at Physicians Laboratory includes CPT codes 83904x4, 83891, 83898x4, and 83912. Coventry has agreed to pay for HPV testing without preauthorization if there is a code for a Pap smear on the same date of service.

The phone numbers of the Coventry Provider Relations Representatives are included in the attached document. If you have any questions regarding their policy on molecular codes, then please contact them via phone or e-mail. If you have any questions regarding this memo or Physicians Laboratory policies, then please contact me at the Omaha office (402)731-4145 or by e-mail at kmoreland@physlab.com.

COVENTRY ANNOUNCEMENT

 Week of February 5th, 2010

Genetic Testing Authorization Requirements

Coventry Health Care of Nebraska would like to provide this reminder to you. When you refer patients to have lab tests performed, and the procedure codes are on the list below, prior authorization is required.

If you are the ordering physician, we wanted to reach out to you and provide this additional education. These tests may be for genetic testing, therefore to ensure appropriate coverage, prior authorization is required when ordering these lab tests.

Please remember that Genetic Testing does require prior authorization. Below is a list of codes that are considered Genetic Testing and do require an authorization.

83890	83891	83892	83893	83894	83896	83897
83898	83900	83901	83902	83903	83904	83905
83906	83907	83908	83909	83912	83913	83914
88230	88233	88235	88237	88245	88248	88249
88261	88262	88263	88264	88267	88269	88271
88272	88273	88274	88275	88280	88283	88285
88289	88291	88299	S3818	S3819	S3820	S3822
S3823	S3828	S3829	S3830	S3831	S3833	S3834
S3840	S3843	S3844	S3852	S3853	S3854	S3855
S3866	S3870					

This list is subject to change as new codes are released or changes from CMS are made. To obtain a Prior Authorization, please call (800)471-0240 Ext 7718 or Fax (866)769-3343.

For member benefit questions, please call Customer Service at (800) 288-3343.

To obtain a list of prior authorization requirements, visit our free Provider Portal –

www.directprovider.com or www.chcnebraska.com.

As always, do not hesitate to contact your Provider Relations Representative with any questions or concerns:

Coventry Health Care of Nebraska Provider Relations

Sue Chaka	(402)995-7061 or (800)471-0240 ext 7061	skchaka@cvty.com
Debby Synowicki	(402)995-7243 or (800)471-0240 ext 7243	dlsynowicki@cvty.com
Dar'Shea Thurman	(402)995-7247 or (800)471-0240 ext 7247	dkthurman@cvty.com
Brenda Wozniak	(402)995-7274 or (800)471-0240 ext 7274	bawozniak@cvty.com

Coventry Health Care of Nebraska, Inc. – Provider Relations Department

PO Box 541210

Omaha, NE 68154-9210

Fax: (866) 602-1249

www.chcnebraska.com www.directprovider.com

If you would like the weekly fax blast emailed to you rather than faxed, please notify your Provider Relations Representative listed above.

ACKNOWLEDGEMENT OF PREAUTHORIZATION FOR COVENTRY PATIENTS

***DISCLAIMER: PREAUTHORIZATION FOR COVENTRY
INSURANCE BILLING IS REQUIRED. IF INSURANCE DOES
NOT PAY FOR THE COST OF TESTING DUE TO LACK OF
PREAUTHORIZATION, THE CLIENT OFFICE WILL BE BILLED
FOR THE COST OF THE TEST.***

Patient Name: _____ DOB: _____

Client Name: _____ Account #: _____

Test Number/Name of Test: _____

CPT Codes: _____

Date of Service: _____

PREAUTHORIZATION OBTAINED:

YES NO

Name of Client Representative
(Please Print):

Client Representative
(Signature):
