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BILLING UPDATE
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BLUE CROSS BLUE SHIELD OF NEBRASKA NOW REQUIRING PRE-AUTHORIZATION FOR VITAMIN D TESTING

Effective immediately, Blue Cross is now requiring pre-authorization for all Vitamin D testing. All diagnosis codes are being denied as experimental/investigational and cannot be billed back to the patient unless an Advanced Beneficiary Notice (ABN) is obtained. When completing an ABN it is imperative that the patient signs a printed form acknowledging the type of testing being performed, why the testing will not be covered, and the amount that they will be responsible for paying. Additionally, the patient should be informed that they will receive a bill from Physicians Laboratory for the services provided. Failure to obtain an ABN or pre-authorization for this testing may result in charges being billed back to your facility. If you would like further information regarding Blue Cross's policy on Vitamin D testing, please refer to the link below:

https://medicalpolicy.nebraskablue.com/policy/31/9

Concerns regarding this policy should be directed to your account representative at Blue Cross Blue Shield of Nebraska.

PAIN MANAGEMENT/DRUGS OF ABUSE TESTING NOT COVERED BY MEDICAID

Medicaid does not cover tests for drug screening, including those performed for both pain management and substance abuse. If the patient requests a drug screen, the ordering facility **MUST INFORM THE PATIENT THAT TESTING WILL NOT BE COVERED BY MEDICAID AND OBTAIN A SIGNED ABN.** Failure to do so may result in charges being billed back to the ordering facility. An example of an ABN that can be used for Non-Medicare insurance providers is available on our website at www.physlab.com/forms/ABN_2016_Commercial.pdf.

CPT CODE CHANGES – EFFECTIVE IMMEDIATELY

Test #	Test Name	Previous CPT	New CPT
#721	Salicylate Level	80302 (MCR G0479)	80329 (MCR G0480)
#701	Acetaminophen Level	80329 (MCR G6039)	80329 (MCR G0480)
#623	Fecal Reducing Substances	82945	84376

MEDICARE LCD RELEASED FOR GENETIC TESTING FOR HYPERCOAGULABILITY/THROMBOPHILIA (L36400)

The specific tests addressed in the local coverage determination include:

81240 F2 (Prothrombin, Coagulation Factor II) (eg, hereditary hypercoagulability gene analysis, 20210G>A variant
81241 F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant
81291 MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)

Tests affected:
#2070 Leiden Factor 5 w/ Prothrombin Factor II G20210A
#2071 Leiden Factor 5
#2072 Prothrombin G20219 Nucleotide Gene Mutation
#8140 MTHFR Mutation Detection by PCR
#1556 Thrombophilia Panel I
#7598 Thrombophilia Panel II

PLEASE NOTE THAT ALL COMMERCIAL INSURANCE COMPANIES REQUIRE PREAUTHORIZATION FOR THESE CPT CODES

Medicare's Non-Coverage Summary is as follows:

"Genetic testing for inherited thrombophilias is controversial. While the association between FVL and F2 mutations and increased risk for VTE is apparent, the actual impact of this increased risk on clinical management is less certain. Older professional society guidelines recommend genetic testing for thrombophilia for a wide range of indications, while more recent consensus statements and recommendations suggest much more limited clinical utility of testing.

The population for which genetic testing results have direct implications for treatment is pregnant women with a previous history of VTE associated with a transient risk factor (e.g., surgery, trauma). These women would typically not be treated with antepartum anticoagulant prophylaxis unless they were found to have a genotype associated with a high risk of VTE recurrence (FVL homozygosity, F2 G20210A homozygosity, or compound heterozygosity for FVL and F2 G20210A). Genetic testing for these patients is indicated.

There may also be benefit to screening pregnant women with a family history of known thrombophilia, as those women found to have a high risk genotype would be offered antenatal prophylactic anticoagulant therapy even in the absence of a personal history of VTE. However, the Medicare benefit applies only to patients with signs and symptoms of disease and does not include screening in asymptomatic patients.

Finally, despite many earlier publications suggesting a link between MTHFR polymorphisms and a risk for a wide spectrum of obstetric and cardiovascular complications, it is now accepted that MTHFR genotype alone is not associated with VTE. There is no clinical indication for MTHFR genotyping in any population.

There is insufficient evidence in the published peer-reviewed scientific literature to support coverage for genetic testing for inherited thrombophilias outside the pregnant women as described above. Genetic testing for FVL and F2 G20210A is considered investigational for all other indications. However, Medicare may consider coverage for FVL and/or F2 genetic testing in unusual circumstances where testing will change clinical management of the patient. Denied claims can be appealed with supporting evidence of specific medical necessity. Only providers with evidence of formal training with board eligibility or certification in hematology/oncology, hematopathology or coagulation disorders at an accredited program satisfy reasonable and necessary criteria for these tests. There is broad consensus in the medical literature that MTHFR genotyping has no clinical utility in any clinical scenario. This testing is considered investigational and is NOT a Medicare benefit."

The full policy can be found at https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=36400.