

Annual Notice to Physicians and 2023 CPT Code Updates

Date: February 24, 2023

Dear Regional Pathology Services Clients,

At Regional Pathology Services we are committed to full compliance with all applicable federal and state laws and regulations, third party payer requirements, and industry best practices.

The purpose of this annual lab alert is to inform physicians of certain important laboratory practices and the regulations governing them and update you on any changes to CPT codes.

Physician Acknowledgement of Custom Panels

All custom created panels are for client billing only. You may order the custom panel, but please note that payors do not recognize the custom panel and each CPT code is billed separately for insurance purposes.

One example of a custom created panel would be order code BDT. This is for Bilirubin, Direct and Total. When the charge appears on the client invoice, it will list two CPT codes, 82247 and 82248 with one client fee. When this order is placed for patient/insurance billing, each CPT code will appear on a separate line item on a claim form with two separate insurance fees.

Prior Authorizations

Regional Pathology Services cannot always predict when laboratory testing will require a prior authorization. Molecular diagnostics, Human Genetics and many of the Anatomic Pathology charges will require prior authorization. It is always best to contact a payer prior to ordering tests to see if a prior authorization is necessary. When billed to insurance without a prior authorization, the services are not billable to patient insurance, and may be billed as client responsibility.

Medical Necessity

CMS has a published list of specific CPT codes along with ICD-10 codes that meet medical necessity. If a laboratory test is submitted without an appropriate ICD-10 code, Regional Pathology Billing Support will reach out to clients using a correction form. This will give you, as a client, the opportunity to submit an ICD-10 that does meet medical necessity. If an ICD-10 does not meet medical necessity, the fee for a specific test will be billed as client responsibility.

It is the responsibility of the ordering physician to be familiar with all applicable NCD and LCD coverage rules, including ABN requirements, to ensure that informed medical necessity determinations, which take into consideration a patient's financial ability, are made for each patient and are supported by a signed order in the patient's medical record.



Reflex Testing

Our facility offers medically necessary reflex testing to provide efficient patient care while remaining compliant with state and federal regulations governing the ordering of laboratory tests. A reflexed test is any test that automatically results in the order of one or more additional tests based on predetermined criteria applied to the initial test. The reflex tests are almost always an additional charge above the initial test. Certain reflex testing has been predetermined based on specific criteria accepted as standard-of-care by our facility and the medical community. These tests will always reflex because the initial test result may not be meaningful without the additional testing or may be needed for confirmation.

Reglab.org

Our Regional Pathology Services website contains valuable information including billing and compliance, forms, contracted payers, prior authorizations, and other important items. Please visit our website for additional information.

| New Testing | | | | | | | |
|-------------|----------|--------------------------|-------|-------|-------------------|--|--|
| Order | | | 2022 | 2023 | | | |
| Code | CDM | Description | CPT | CPT | Comments | | |
| TPMT | 45101019 | TPMT, Enzyme activity | 82657 | 84433 | | | |
| | | Neurofilament Light | | | | | |
| NFCL | 45101020 | Chain | 83520 | 0361U | | | |
| LRP4 | 45101021 | LRP4 Auto Antibody | | 86255 | Effective 1/20/23 | | |
| GANGR | 45101022 | Ganglionic ACHR | | 83519 | Effective 1/20/23 | | |
| LYMCS | | | | | | | |
| F | 45101023 | CSF Lyme Ab, IgM | | 86617 | Effective 1/9/23 | | |
| TWHIPP | 45101024 | T Whipplei by PCR | | 87798 | Effective 1/9/23 | | |
| ACYPQ | 45101025 | Acylcarnitine Profile | 82128 | 82017 | | | |
| | | First Trimester Maternal | | | | | |
| MSFTS | 45101026 | Screen | | 81508 | Effective 1/20/23 | | |

2023 CPT code updates:

| Inactivated Testing | | | | | | | |
|---------------------|-----------------------|----------------------|------------|---|--|--|--|
| | | | 84479 | Inactivated test, no replacement, future orders | | | |
| TINDEX | 45184479, 45184435 | Thyroxine Free Index | , 84436 | must be special procedure, eff date $12/30/22$ | | | |

If you have any questions please contact Peggy Slagle, manager, coding and compliance at 402-559-7283 or pslagle@unmc.edu.