
Annual Notice to Physicians and 2024 CPT Code Updates

January 19, 2024

Dear Regional Pathology Services Clients,

We are committed to compliance with 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 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.

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.

Prior Authorizations

Regional Pathology Services cannot predict a patient's benefits or prior authorization requirements for any diagnostic laboratory test. Molecular diagnostics, genetic screening, and some pathology testing often require prior authorization, have medical policy criteria the patient must meet, or may not be covered by an individual's plan.

Providers are responsible for confirming coverage and benefits for any diagnostic testing orders sent to Regional Pathology Services to be billed through insurance. This includes obtaining prior authorizations before samples are collected and sent for processing.

Insurance will consider the sample collection date as the date of service, not the date testing is performed. Insurance rules dictate that the ordering provider is responsible for denied charges. If prior authorization was required but not obtained, those services may be billed as client responsibility.

Regional Pathology Services offers assistance with prior authorization for tests performed at our facility or at our contracted reference laboratories when requested prior to obtaining a specimen. Prior authorization requests for non-contracted laboratories may be billed to client. Prior authorization assistance can be obtained by contacting: rpsbillingsupport@unmc.edu.

If you require assistance on a prior authorization for testing on a sample to be collected the same day as your request, our billing department must receive your request prior to 3 pm

CST. Please refer to our website for detailed instructions and information requirements for these requests. [http://www.reglab.org/billingcompliance/prior-authorization-information/\[reglab.org\]](http://www.reglab.org/billingcompliance/prior-authorization-information/[reglab.org])")

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 www.reglab.org

2024 CPT code updates

Order Code	Description	2023 CPT	2024 CPT
GLYCC	Glycine Alpha-1 -CSF	86255	0431U
GLYCS	Glycine Alpha 1	86255	0431U

ACMFS	MGMR AchR Modulating	86255	86043
ACHRBN	MGMR AchR Binding Ab	83519	86041
MUSK	MUSK Autoantibody	83519	86366

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