University of Nebraska Medical Center
REGIONAL PATHOLOGY SERVICES

January 9, 2026

Annual Notice to Providers and 2026 CPT Code Updates

Dear Regional Pathology Services Clients,

The purpose of this annual lab alert is to inform providers of updates regarding the ordering and processing of clinical laboratory tests performed by RPS.

Medical Necessity

CMS pays for services that are reasonable, necessary, and meet specified CMS coverage criteria for the beneficiary's unique medical condition. It is the responsibility of the ordering provider to be familiar with all applicable National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs) rules, including Advanced Beneficiary Notice of Noncoverage (ABN) requirements, to ensure that informed medical necessity determinations are made for each patient and are supported by a signed order in the patient's medical record.

As a participating Medicare provider, RPS has the responsibility to make good faith efforts to ensure that all tests requested are performed and billed in a manner that is consistent with federal and state statutes and regulations. The OIG takes the position that ordering providers authorized by law to order clinical laboratory tests for Medicare beneficiaries share the burden of ensuring that only medically necessary services are ordered and billed to Federally funded programs. Providers who submit false claims may be subject to sanctions or remedies available under civil and administrative law.

All clinical orders must include at least one ICD-10 code, and ideally, should include all relevant ICD-10 codes that accurately describe the patient's specific medical condition. If

a laboratory order is submitted without an appropriate ICD-10 code, RPS Billing Support will send a correction form to allow you the opportunity to submit documentation that meets medical necessity. If the submitted ICD-10 code does not meet medical necessity requirements and an ABN was not submitted with the requisition, the cost of the test will be billed to the client as their responsibility.

Advanced Beneficiary Notice of Noncoverage (ABN)

Not all services are covered by Medicare. For services that do not meet coverage criteria established by Medicare, prior notice to a patient and completion of an ABN by the patient is required before completing the test. The ABN documents the patient's understanding that services may not be covered by Medicare and the patient assumes the responsibility for payment in the event services are not covered.

Provider Acknowledgement of Custom Panels

Custom-created panels are intended for client billing only. You may place an order for a custom panel, but please be aware that payors do not recognize the custom panel as a single item. As a result, each CPT code is billed separately for insurance purposes.

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 RPS 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. If you require assistance on a prior authorization for testing on a sample to be collected the same day as your request, please reach out to our billing support team before 3 pm CST (rpsbillingsupport@unmc.edu | 402-559-9480).*

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 is 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 needed for confirmation.

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2026 CPT Code Updates

Test Code	Test Name	2025 CPT	2026 CPT
CARREC	Carbapenemase, Serum	87150	87183
CARBAR	Cepheid Carbapenemase 2	87150	87183
STDSW	Chlamydia Trachomatis/N Gonorrhea, Swab	87491, 87591	87494
CTNGTP	Chlamydia Trachomatis/N Gonorrhea, Thin Prep	87491, 87591	87494
STDUR	Chlamydia Trachomatis/N Gonorrhea, Urine	87491, 87591	87494

Visit www.reglab.org for valuable information including billing and compliance, TRFs, contracted payers, prior authorization guidance, and other important items.

If you have any questions regarding these guidelines or changes please contact Peggy Slagle, Manager, Coding and Compliance at 402-559-7283 or pslagle@unmc.edu.

Contact Regional Pathology Services

Call: 800-334-0459 | email: pathclientservrps@unmc.edu