**4th Quarter Compliance/Reimbursement Topics**

Effective September 7, 2013, ACL Laboratories now submits its Medicare Fee-for-Service claims to National Government Services (NGS). The conversion to a new Medicare Carrier has resulted in changes to Local Coverage Determination Policies (LCDs) and Supplemental Instruction Articles (SIAs) that affect if, and when, Medicare reimburses certain Laboratory tests.

- To see a list of health care services, including lab tests that have active LCDs and SIAs, visit [http://www.ngsmedicare.com/ngs/portal/ngsmedicare/home](http://www.ngsmedicare.com/ngs/portal/ngsmedicare/home) and click on the Quick Link titled ‘Medical Policy Center’.
  - The new policies affecting Lab reimbursements include:
    - B-type Natriuretic Peptide (BNP) testing
    - Galectin-3
    - Non-covered Pre-operative Services
  - A new coverage article exists for:
    - MRSA Screening
- Please note that when ordering services that do not meet Medicare Coverage Policies, the patient must be informed via the ABN of their financial liability. The ACL ABN can be found on the ACL Laboratories website at [http://www.acllaboratories.com/site_media/documents/forms/ABN_for_ACL_Lab_Tests.pdf](http://www.acllaboratories.com/site_media/documents/forms/ABN_for_ACL_Lab_Tests.pdf)

**Genetic and Molecular Pathology testing reimbursement policies** have been published by various payers and are available on their websites. Please contact the ACL Client Services Department if you have specific questions regarding coverage. General policies and limitations ACL has become aware of with tests in the CPT range of 81200 through 81479 include:

- **Medicare** categorizes the genetic and molecular tests as either ‘screening’ or ‘diagnostic’ in purpose.
  - Examples of tests ordered to screen for disease that are not currently reimbursed include:
    - Cystic Fibrosis Gene Analysis
    - Bloom Syndrome Gene Analysis
    - Cytogenomic Microarray Analysis
    - Fragile X Gene Analysis
  - Use the Medicare ABN to inform patients about their financial responsibility regarding laboratory testing.

- Molecular pathology procedures ordered to diagnosis/identify disease may qualify as eligible for coverage. To access the NGS policies that may apply to the genetic testing you order, go to [www.ngsmedicare.com](http://www.ngsmedicare.com) and click on Medical Policy Center under QUICK LINKS. Choose Draft Policies for your region or perform a search for policy DL34506, Draft LCD for Molecular Pathology Procedures.
• Other insurances may have pre-authorization and/or genetic counseling requirements in place before reimbursing Genetic and/or Molecular Pathology. Please determine a patient’s eligibility for these services prior to ordering. Insurance coverage limitations that ACL has become aware of include:
  
  - Illinois Public Aid – Currently is providing no coverage for Genetic testing
  - Wisconsin Medicaid – Requires Pre-Authorization
  - Tricare – Requires Pre-Authorization
  - Aetna, Cigna, United Health Care and Blue Cross – all have policies specifying select genetic testing will be covered if medical necessity meets policy guidelines

98% Laboratory Services denied by Medicare are the result of the ordered test(s) that do not have the required Medicare medical necessity documentation. In order to be considered reasonable and medically necessary for reimbursement, test(s) must be ordered by the patient’s treating provider. The order may be written or electronic. If a written order is received without the provider signature, or an electronic order was not authorized or electronically signed by the provider prior to submission, The Patient’s Medical Record must include clear documentation of the specific lab testing required and the reason (diagnosis) for the testing.

Helpful reimbursement and medical necessity ordering tips:

• Tests that offer reflex options also require documentation that the reflex criteria is needed for the patient.

• RAST allergen orders require documentation as to the specific allergens needed for the patient.

• Urine drug screen orders require documentation as to the specific drug classes needed for the patient.

• Tests ordered as ‘Pre-operative’ may be considered non-covered screening procedures unless additional conditions exist and are documented that provide medical necessity. Be sure to include appropriate additional signs, symptoms and conditions with the patient order.

• Tests ordered as part of an annual exam, including Medicare IPPE (initial exam) or AWV (annual wellness visit) exam require a reason (diagnosis). Tests that have preventive coverage may require specific screening ICD-9 codes to qualify for Medicare reimbursement. E.g., PSA for Prostate Cancer Screening requires an ICD-9 code of V76.44 for reimbursement as a preventive service. Note: There is no screening coverage for Free PSA (ACL test code FPSAR).

Please contact Kathy Lindgren, ACL Compliance Officer at 414.328.7916 if you have any questions regarding this information.
RESPIRATORY VIRAL PANEL
(Test Code RVPNL)

Respiratory viral infections are responsible for a range of diseases from the common cold to severe, possibly fatal, pneumonias. This test has been cleared by the U.S. Food and Drug Administration for the detection of the following viruses from nasopharyngeal swabs: influenza A, influenza B, RSV A , RSV B, parainfluenza 1, parainfluenza 2, parainfluenza 3, rhinovirus, metapneumo virus, and adenovirus. The test may detect additionally corona viruses 229E, OC43, NL63, HKU1, and parainfluenza virus 4; which were fully validated by ACL Laboratory for clinical testing.

Clinical indication:
Rapid diagnosis of these infections can enable doctors to begin appropriate treatment, avoid inappropriate use of antibiotics, control the nosocomial spread of these infections, and reduce unnecessary diagnostic procedures. The Respiratory Virus Panel utilizes a multiplex RT-PCR to detect multiple common respiratory viruses. RVPNL assay subtypes human seasonal influenza A (H1, H3 or 2009 H1N1), which allows appropriate selection of antiviral therapy. This assay has been shown to have a greater sensitivity and specificity than viral cultures or direct fluorescent antibody (DFA). Also, this PCR based assay may be ordered as a highly sensitive and specific follow up test if the Influenza Rapid Antigen or Respiratory Syncytial Virus Antigen Screens are negative.

Clinical specificity and sensitivity are: 92-95% and 90-96%

Testing Method:
Reverse transcriptase RT-PCR with liquid bead array detection

Reporting:
Based on the RT-PCR there are two possible results: Detected and Not Detected

Urine pH by pH Meter Method
(Test Code PHM)

Effective Wednesday, December 18, 2013 ACL Laboratories will offer urine pH testing by pH meter (Test Code PHM). Performing urine pH measurements by pH meter will provide the sensitivity and precision needed for certain circumstances. For example, patients who receive the chemotherapy agent methotrexate are prone to side effects such as renal toxicity. At more alkaline pH values, this agent will be much more solubilized in urine, which will then decrease its toxic effects. It is important to monitor precise urinary pH values for these patients so the amount of alkalization given in fluids intravenously can be titrated accordingly. In addition, it has been reported that methotrexate can interfere with urine dipstick results. Testing by pH meter is preferred for these patients and as well as for other clinical situations where very precise urine pH values are needed.
ACL Laboratories Announces New Test to Screen for Antibiotic resistance in Enterobacteriaceae

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test Order Code</th>
<th>CPT Code</th>
<th>Utility</th>
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<tbody>
<tr>
<td>Carbapenemase Resistant Culture</td>
<td>CRESC</td>
<td>87081</td>
<td>Rectal swab screen for carbapenem resistant Enterobacteriaceae (CRE). Helpful for identification of patients infected with carbapenem resistant strains of Enterobacteriaceae</td>
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This screening test is performed on rectal swabs. The Carbapenemase Resistant Enterobacteriaceae (CRE) Culture detects resistance to carbapenems (Ertapenem, Imipenem, Meropenem and Doripenem). This screen will detect Enterobacteriaceae containing *Klebsiella pneumoniae* carbapenemase (KPC), New Delhi metallo β-lactamases (NDM) as well as other CREs.

Please refer to ACL Laboratories Directory of Services (aclaboratories.com/test-catalog/) for additional information and specimen collection requirements.