THE LAB EDITION

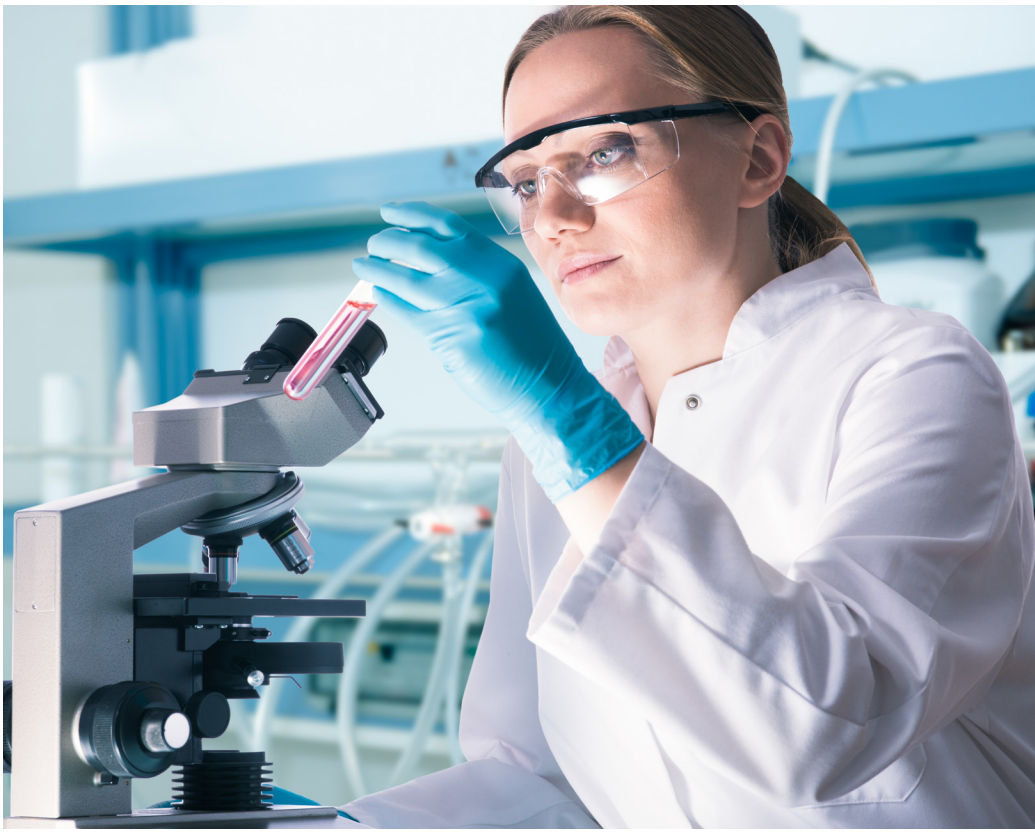
August 2017

BlueNews℠ for Providers

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Welcome to our NEW Laboratory Newsletter. This quarterly communication will provide updates on medical policies, reminders and answers to frequently asked questions to assist providers.

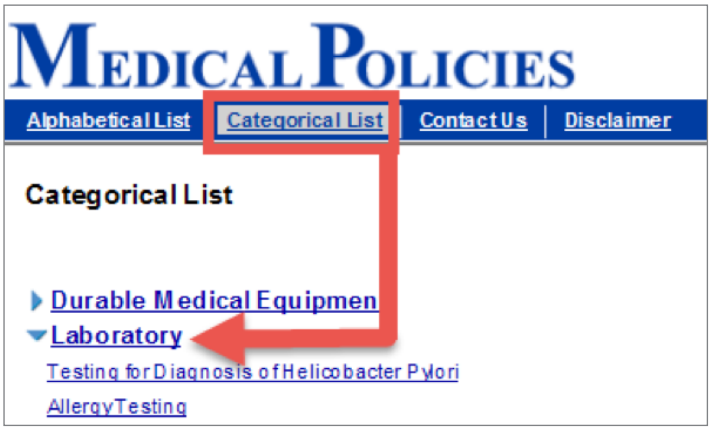
Our Relationship with Avalon Healthcare Solutions



Effective Jan. 1, 2016, BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina are working with Avalon Healthcare Solutions to introduce a program that improves the quality and reduces the cost of laboratory services our members receive. Avalon is an independent company that provides benefit management services on behalf of BlueCross and BlueChoice®.

With this program, certain lab procedures — when performed in an office, outpatient or independent lab location — require preauthorization. While laboratory medicine is becoming increasingly complex, the program also assists us in ensuring appropriate testing for our members according to medical policy.

Please note that Avalon doesn't manage services in an emergency room, observation room, surgery center or hospital inpatient setting. This change does not alter the available member benefits, but using participating providers will result in lower out-of-pocket costs for your patients covered by BlueCross or BlueChoice.



Review Medical Policies

When seeing our members, please refer to our medical policies. Our medical policies and clinical guidelines can be viewed online when visiting the Provider pages of **www.SouthCarolinaBlues.com** and **www.BlueChoiceSC.com**. To make it easier for our laboratory providers to locate relevant policies, we've added this service type to the Categorical List of medical policies we use to make clinical determinations for a member's coverage. The search (by code) capability works even better when entering a code while inside this category. Please visit the Medical Policies and Clinical Guidelines page frequently to stay abreast of policy changes and to read any policy in its entirety.

Did You Know...

That 99 percent of laboratory claims deny because the procedures are done too frequently or because the diagnosis is not compatible with the procedure code? Here are some other reasons we see claim denials:

Policy Rule	Definition
Experimental and Investigational	Procedure is not covered under the member's benefit due to exclusion
Demographic Limitations	Limitations based on patient age
Excessive Procedure Units	Total units within and across claims for a single date of service more than necessary
Excessive Units per Period of Time	Maximum allowable units within a defined period of time has been exceeded
Insufficient Time Between Procedures	Minimum time required before a second procedure is warranted
Rendering Provider Limitations	Providers/procedures not permitted in combination
Diagnosis does not support test requested	Procedure was not appropriate for the clinical situation

Top 5 Medical Policy Edits

Note that procedure codes on each Medical Policy document are not a guarantee of payment and are included only as a general reference. They may not be all inclusive. These common laboratory tests receive the most denials based on medical policy criteria:

Lab Test	Procedure Code(s)			Cam Policy
Vitamin D	82306	82652		123
Vitamin B12	82607	83921		130
Lipid Panels	80061	82172	83721	132
Hemoglobin A1C	81506	83036	83037	133
Rapid Flu Test	87804			134

Use In-Network Labs

To ensure the lowest cost to your patients, send BlueCross and BlueChoice members' testing to in-network laboratories. You can verify other participating labs by visiting our provider directories found on **www.SouthCarolinaBlues.com** or **www.BlueChoiceSC.com**.

Here is a list of the current BlueCross, BlueChoice and Avalon participating laboratory providers as of March 1, 2017:

Approved Laboratories	Affiliation	Specialty
Aegis Sciences Corporation	Aegis	Toxicology
American Institute of Toxicology	AIT	Toxicology
Ameritox, Ltd.	Ameritox	Toxicology
Bako Pathology	Bako	SPC Pathology
BioReference	**BioRef**	**Full Service Lab**
GeneDx, Inc.	BioRef	Genetics
GenPath Diagnostics	BioRef	Oncology
Boston Heart Diagnostics	Boston Heart	Cardiovascular Diagnostic
American Forensic Toxicology Services, LLC	Cordant	Toxicology
Regional Toxicology Services, LLC	Cordant	Toxicology
Rocky Mountain Toxicology, LLC	Cordant	Toxicology
Secon of New England, LLC	Cordant	Toxicology
Technical Resource Management, LLC	Cordant	Toxicology
Counsyl, Inc.	Counsyl, Inc.	Genetics
CSI Laboratories	CSI	Oncology
Diatherix Laboratories, LLC	Diatherix	SPC Micro
Genomic Health	Genomic Health	Oncology
Genoptix	Genoptix	Oncology
Greenwood Genetic Center	Greenwood	Genetics
Invitae Corporation Laboratories	Invitae	Genetics
LabCorp (Laboratory Corporation of America)	**LabCorp**	**Full Service Lab**
Integrated Oncology (Accupath Diagnostics)	LabCorp	Genetics
Integrated Genetics (Esoterix Genetic Laboratory)	LabCorp	Endocrine
Endocrine Sciences (Esoterix Inc.)	LabCorp	Coagulation
Colorado Coagulation (Esoterix Inc.)	LabCorp	Pathology
Dianon Systems	LabCorp	Heart Disease
Liposcience	LabCorp	Kidney Stone Analysis
Litholink Corporation	LabCorp	Toxicology
Medtox Laboratory	LabCorp	Pathology
Viro-Med Laboratory	LabCorp	Infectious Disease
LabSource, LLC	LabSource	Toxicology
LabTech Diagnostics	Labtech	Regional Lab
Medical Diagnostic Laboratories, LLC	MDL	SPC Micro
Millennium Health, LLC	Millennium	Toxicology
Myriad Genetic Laboratories	Myriad	Genetics
Natera, Inc.	Natera	Genetics
Premier Medical Inc.	Premier	Toxicology/Routine
Quest	**Quest**	**Full Service Lab**
Solstas Laboratory Partners	**Quest**	**Full Service Lab**
Select Laboratories	Select	Regional Lab

Latest Medical Policy Updates

Here are recent laboratory medical policies that have been reviewed, updated or newly added. Please visit the Medical Policies and Clinical Guidelines pages of **www.SouthCarolinaBlues.com** and **www.BlueChoiceSC.com** frequently to stay abreast of these changes and to read any policy in its entirety.

Policy	Update
CAM 44 Genetic Testing for Cystic Fibrosis	New Policy
CAM 077 Oral Screening, Lesion Identification Systems and Genetic Screening	Annual Review/no changes
CAM 135 Thyroid Testing	Updated background, description, policy (for clarity), guidelines, rationale and references
CAM 140 Toxicology	Annual Review/ expanding criteria for presumptive and definitive testing. Updating coding to mirror code ranges 80305-80307 with G0477-G0479
CAM 151 Quantose Impaired Glucose Tolerance (IGT) Test	Annual Review/no changes
CAM 153 Zika Virus Risk Assessment	Policy coverage expanded in alignment with the CDC
CAM 20406 Helicobacter Pylori testing	Added diagnosis code R11.2, updated medical necessity within policy criteria.
CAM 110 Pre-implantation Genetic Testing	Procedure code 81422 was removed from the policy
CAM 126 Vitamin D Testing	Updated coding section
CAM 20418 HIV Genotyping and Phenotyping	Annual review/adding criteria for HIV-infected pregnant women
CAM 20429 Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening	Annual review, updating policy to indicate not medically necessary instead of investigational for DNA analysis of stool samples
CAM 20436 Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer	Annual review/updating policy criteria related to DX 21 gene expression
CAM 20479 Genetic Testing for Alpha-1 Antitrypsin Deficiency	Annual review/ Updating policy verbiage to include medical necessity criteria for isoelectric focusing/phenotyping
CAM 204101 Genetic Testing for Li-Fraumeni Syndrome	Annual review, updating policy and guidelines to give clearer direction on medical necessity
CAM 204122 Chromosomal Microarray Analysis for the Evaluation of Pregnancy Loss	Annual review/reformatting policy criteria for clarity. Adding investigational statement related to testing that does not meet the criteria specified
CAM 204124 Genetic Testing for Acute Myeloid Leukemia	Annual review/updating title and coding. Adding medical necessity criteria for NPM1, CEPBA, IDH 1/2 mutations and KIT mutations. Updating investigational policy status
CAM 204137 Genetic Testing for Neurofibromatosis	Annual review/adding medical necessity criteria for testing for NF2

Policy Spotlight

CAM Policy 138 Corporate Administrative/Medical Policy Guidelines (Medical Necessity, Investigational/ Experimental)

Did you know that this year alone almost 15,000 claims denied because they were determined to be investigational, experimental, or not medically necessary? Let's review key terms within the policy. Please refer to the complete policy on our website for the full language and details

This policy describes situations in which medical services are medically necessary and whether they are investigational/ experimental. Medical guidelines are written to address the most frequently occurring clinical situations for the majority of people. Because of the infinite variety of clinical circumstances, some cases may be appropriate for additional review with individual consideration. Medical guidelines are based on the most appropriate medical information available at the time they are written. Because of the changing nature of medical science, this health plan reserves the right to review and update these policies periodically.

Our health plan will provide coverage for **medically necessary services** when it is determined that the medical criteria and guidelines below are met:

- Service is medically appropriate for the symptoms and diagnosis, treatment of the condition, illness, disease or injury.
- Service is provided for the diagnosis or the direct care and treatment of the member's condition, illness, disease or injury.
- Service is in accordance with generally accepted practice standards of good medical practice in the community.
- Service is not primarily for the convenience of the patient, the patient's family or the patient's provider.
- Service or supply must not be experimental, investigational or cosmetic in purpose.

Note, the member's medical condition is considered when deciding medical necessity. The fact that a physician ordered, prescribed, recommended or approved a service or supply does not, in itself, make the services medically necessary.

Investigational and experimental are defined as the use of a service or supply that is not recognized by the Plan as standard medical care for the condition, disease, illness or injury being treated. This means that the procedure, treatment, supply, device, equipment, facility or drug (all services) falls into one of these categories:

- It does not have final unrestricted market approval from the Food and Drug Administration (FDA) or final approval from any other governmental regulatory body for the use in treatment of a specified condition.
- It does not have scientific evidence that permits conclusions concerning the effect of the technology on health outcomes.
- It does not improve the net health outcome.
- It has not been found to be as beneficial as any established alternatives.
- It does not show improvement outside the investigational settings.

Services that are available over the counter, that are available direct to the consumer, that do not require physician prescription and/or that do not require continuous ongoing physician oversight and management in order to be safely and effectively administered are not eligible for benefit coverage.

Bundling guidelines apply to claims reviewed for determination of whether services are considered to be mutually exclusive, incidental or integral to the primary services rendered. Services considered to be one of the above are not typically allowed additional reimbursement. Participating providers are contracted not to balance bill members when these instances occur. There are instances, however, when an edit is reviewed for appropriateness or change in status. If the edit is opened to allow separate reimbursement, payment will be allowed from the date of change. There will be NO retroactive claims adjudication for services rendered prior to date of change. Only those claims that have a specific request from the provider/subscriber will be re-evaluated for payment of the opened edit.

Mutually exclusive describes two or more procedures that are not typically performed during the same patient encounter on the same date of service. Mutually exclusive rules may also include different procedure code descriptions for the same type of procedures in which the physician should be submitting only one of the procedure codes.

An incidental procedure is a procedure that is carried out at the same time as a more complex primary procedure, with the incidental procedures requiring little additional physician resource and/or clinically integral to the performance of the primary procedure. An incidental procedure should not be reimbursed separately on a claim.

Integral procedures are those that occur in multiple surgery situations when one or more of the procedures are considered to be an integral part of the major or principle procedures. These are procedures that are commonly carried out as part of a total service, which do not meet all the criteria under the Surgery Guidelines and according to the CPT manual need not be listed separately.

Have a question for Provider Relations and Education?

Provider advocates are always eager to assist you. If you have a training request or inquiry, please contact your county's designated provider advocate by using the **Provider Education Contact Form**. You can also reach our Provider Education department by emailing **provider.education@bcbssc.com** or by calling **803-264-4730**.

Frequently Asked Questions

Here are some questions providers have recently asked our staff, with our responses. Although we highlight frequently asked questions (FAQs) in our monthly newsletter, the best place to view the entire list of FAQs is in the Education Center of our provider websites. We regularly add new questions and answers online at **www.SouthCarolinaBlues.com** and **www.BlueChoiceSC.com**.

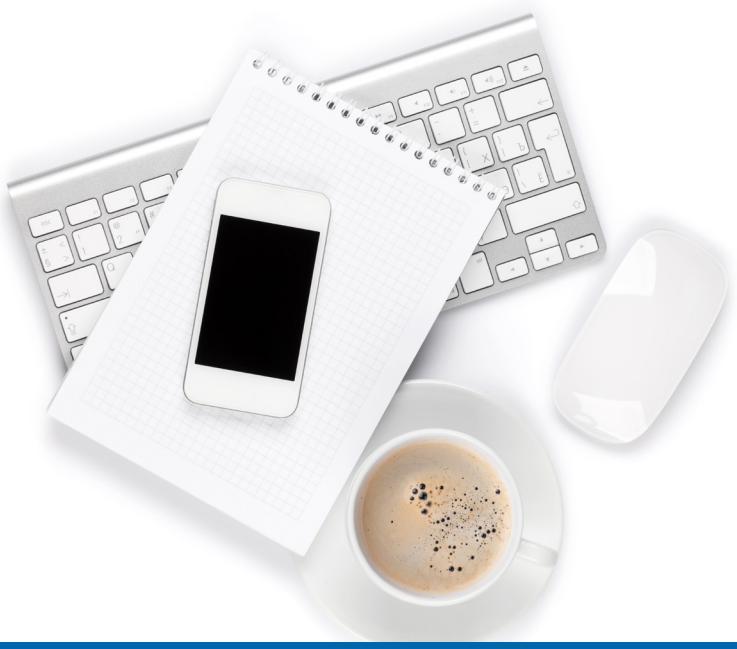
1. **What is the Avalon Claim Editor?** The Avalon Claim Editor is designed to provide consistent application of BlueCross BlueShield of South Carolina medical policy to laboratory claims. The medical policies are developed using current evidence-based scientific literature and have been vetted by nationally recognized experts in the field of laboratory medicine. Avalon claim editing technology combines the best in clinical research with scalable, reliable technology to enhance the administration of medical coverage policies.

2. **What patients does this impact?** The Avalon lab benefit program is implemented for members who access BlueCross BlueShield of South Carolina and BlueChoice HealthPlan networks (including FEP, State Health Plan, TCC, PAI, BlueCard®, etc.).

3. **Will all my claims pass through the Claim Editor for review?** All laboratory claims (HCFA1500 and UB) for services performed in all places of service, except for inpatient and emergency room settings, will be reviewed by the Claim Editor.

4. **What types of policy rules will the Claim Editor administer?** Below are some example rules:

   - Experimental & Investigational – Procedures not covered under the member's benefits due to the experimental and investigational exclusion
   - Medical Necessity – Procedures not covered because the patient's diagnosis is not consistent with the test performed
   - Demographics – Limitations based on patient age or gender
   - Procedure Units – Within and across claims for a date of service
   - Units/Period of Time – Maximum allowable units within a defined period of time
   - Rendering Provider Limitations – Providers/procedures not permitted in combination



Resources

- Contact Avalon Provider Services at **855-895-1676** or BlueCross Provider Education with additional questions.
- Refer to the **BlueCross** and **BlueChoice** websites for:
  - Bulletins
  - Monthly newsletters
  - User guides
  - Webinar presentations
  - Medical policies
- **www.SouthCarolinaBlues.com**
- **www.BlueChoiceSC.com**
- **www.Avalonhcs.com**

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