

# BlueNews<sup>SM</sup> for Providers



BlueCross BlueShield of South Carolina and  
BlueChoice<sup>®</sup> HealthPlan of South Carolina

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Welcome to our laboratory newsletter. This **quarterly** communication provides updates on medical policies, reminders and answers to frequently asked questions to assist providers.

## Laboratory Prior Authorizations

In 2015, BlueCross BlueShield of South Carolina and BlueChoice HealthPlan partnered with Avalon Healthcare Solutions (Avalon) to implement the Laboratory Benefits Management Program. Avalon is an independent company that provides benefits management services on behalf of BlueCross and BlueChoice<sup>®</sup>. As part of the medical policy oversight initiative, this partnership and program require prior authorization for certain laboratory services such as genetic testing, cytogenetic testing and molecular pathology.

You can view a full list of the codes that require prior authorization for the 2017 and 2018 benefit years on our BlueCross and BlueChoice websites in the Prior Authorization List document. Prior authorization requests can be submitted to Avalon by fax (**888-791-2181**) or by phone (**844-227-5769**), 8 a.m. – 8 p.m., Eastern Standard Time. Once

Avalon receives your request, it will be reviewed by Avalon's clinical staff; it will notify you of the determination. Avalon does not review requests for laboratory services provided in an emergency room, surgery center or inpatient hospital.

An authorization does not guarantee payment. As always, payment is subject to the member's plan coverage and benefits at the time the service is performed.



## Common Laboratory Denial Reasons

To ensure that our medical policies are applied accurately during claims adjudication, the laboratory benefits management program uses a technology called the Avalon Claims Editor. Through this technology, BlueCross and BlueChoice are able to better evaluate claims for appropriateness and medical necessity. The claims editor provides consistency in the application of medical policies and benefits while increasing processing accuracy and reducing the time needed to process laboratory claims.

The claims editor uses rules to ensure that the medical policy criteria align with the lab service performed.

The No. 1 denial seen is “Diagnosis Does Not Support Test Requested.” We encourage you to make sure there is clinical alignment between the codes filed and the medical records.

These are the policy criteria used to determine coverage of all laboratory services.

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 have been exceeded.
Insufficient Time Between Procedures	Minimum time required before a second procedure is warranted.
Diagnosis Does Not Support Test Requested	Procedure was not appropriate for the clinical situation.
Mutually Exclusive Codes	The procedure is not valid with other procedures on the same date of service.

## Latest Laboratory Policy Updates

We regularly review and revise the medical policies we use to make clinical determinations for a member’s coverage. Here are recent medical policies that have been reviewed, updated or newly added. Please visit the Medical Policies and Clinical Guidelines pages of [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com) frequently to stay abreast of these changes and to read any policy in its entirety.

Policy	Update
CAM 132 Lipid Panels	Updated the lipid panel criteria. No other changes made.
CAM 159 Lyme Disease Testing	Updated policy with 2018 coding.
CAM 20451 Genetic Testing for Tamoxifen Treatment	Annual review, no change to policy intent; however, entire policy updated with current genetics nomenclature. Also updated background, description, rationale and references.
CAM 20416 Diagnosis of Vaginitis including Multitarget PCR Testing	Updated coding section with DX N89.8.
CAM 119 Prenatal Screening	Interim review, removing criteria related to SMA screening requiring a family history. SMA screening is now considered medically necessary for all pregnant women and those seeking pre-conception care.
CAM 20101 Diagnosis and Management of Idiopathic Environmental Intolerance (i.e., Clinical Ecology)	Annual review/no changes.

CAM 20482 Genetic Testing for Inherited Thrombophilia	Updated policy with 2018 coding.
CAM 135 Thyroid Disease Testing	Updated coding section with 2018 coding.
CAM 174 Hemoglobin A1C	Updated policy and coding sections.
CAM 134 Rapid Flu Tests in the Outpatient Setting	Updated coding section.
CAM 204120 Gene Expression Profiling for Uveal Melanoma	Annual review, no change to policy intent. Updated regulatory status and references.
CAM 20466 Serum Biomarker Human Epididymis Protein 4 (HE4)	Annual review, no change to policy intent. Updated rationale and references.
CAM 20414 Biochemical Markers of Alzheimer's Disease	Annual review, no change to policy intent. Updated rationale and references.
CAM 20473 Intracellular Micronutrient Analysis	Annual review, no change to policy intent. Updated background, description and regulatory status.
CAM 20476 Quantitative Assay for Measurement of HER2 Total Protein Expression and HER2 Dimers	Annual review/no changes.
CAM 20168 Laboratory Tests for Heart Transplant Rejection	Annual review, rewrote policy for clarity and specificity. No change to policy intent.
CAM 20417 Serum Antibodies for the Diagnosis of Inflammatory Bowel Disease	Annual review/no changes.
CAM 20426 Fecal Analysis in the Diagnosis of Intestinal Dysbiosis	Annual review, no change to policy intent. Updated rationale and references.
CAM 20427 MUC16 (CA-125) Expression in Ovarian Cancer	Annual review/no changes.
CAM 20428 Gamma Interferon Blood Test for Diagnosis of Latent Tuberculosis	Annual review/no changes.
CAM 20430 Serologic Diagnosis of Celiac Disease	Annual review, updated medical necessity criteria for more specificity regarding symptoms suggestive of celiac disease. No change to policy.
CAM 20441 Noninvasive Techniques for the Evaluation and Monitoring of Patients With Chronic Liver Disease	Annual review, no change to policy intent. Updated coding, rationale and references.
CAM 20446 Alpha-Fetoprotein-L3 for Detection of Hepatocellular (Liver) Cancer	Annual review/no changes.
CAM 20456 Immune Cell Function for Management of Organ Transplant Rejection Assay	Annual review. Rewrote policy verbiage for clarity and specificity.
CAM 20458 Nerve Fiber Density Testing	Annual review, no change to policy intent. Updated background, description, regulatory status, rationale and references.
CAM 20462 Proteomics-Based Testing Related to Ovarian Cancer	Annual review, no change to policy intent. Updated background, description, regulatory status, rationale and references.
CAM 20415 Bone Turnover Markers for Diagnosis and Management of Osteoporosis and Diseases Associated with High Bone Turnover	Annual review, no change to policy intent. Updated background, description, regulatory status, rationale and references.
CAM 20301 In Vitro Chemosistance and Chemosensitivity Assays	Annual review, no change to policy intent. Updated rationale and references.
CAM 20419 Pharmacogenomic and Metabolite Markers for Patients Treated with Thiopurines	Annual review, no change to policy intent. Updated background, description, regulatory status, rationale and references.
CAM 20422 High-Sensitivity C-Reactive Protein and Peripheral Arterial Tonometry	Annual review, no change to policy intent. Updated background, description, regulatory status, rationale and references.

CAM 20484 Immunopharmacologic Monitoring of Infliximab and Adalimumab	Annual review, no change to policy intent. Rewrote policy for clarity and specificity. Updating title, rationale and references.
CAM 204119 Vectra DA Blood Test for Rheumatoid Arthritis	Annual review, no change to policy intent. Updated background, description, regulatory status, rationale and references.
CAM 204100 Cardiovascular Risk Panels	Annual review/no changes.
CAM 031 Measurement of Thromboxane Metabolites for Aspirin Resistance	Annual review/no changes.
CAM 155 InflammDry Test	Annual review/no changes.
CAM 527 Salivary Hormone Testing	Annual review/no changes.
CAM 20145 Epithelial Cell Cytology in Breast Cancer Risk Assessment and High-Risk Patient Management (Ductal Lavage and Suction Collection Systems)	Annual review/no changes.
CAM 20193 Antigen Leukocyte Antibody Test	Annual review/no changes.
CAM 20409 Cervical Cancer Screening Technologies with Pap and HPV	Annual review/no changes.
CAM 20434 Analysis of Proteomic Patterns for Early Detection of Cancer	Annual review/no changes.
CAM 20447 Biomarker Genes for Detection of Lymph Node Metastases in Breast Cancer	Annual review/no changes.
CAM 20463 Use of Common Genetic Variants (single nucleotide polymorphisms) to Predict Risk of Nonfamilial Breast Cancer	Annual review/no changes.
CAM 20468 Laboratory and Genetic Testing for Use of 5-Fluorouracil in Patients With Cancer	Annual review/no changes.
CAM 044 Genetic Testing for Cystic Fibrosis	Updated Gene Testing for Cystic Fibrosis table. No other changes.
CAM 051 Allergy Testing	Interim review/no changes .
CAM 20407 Urinary Tumor Markers for Bladder Cancer	Annual review, no change to policy intent. Updated background, description, regulatory status, rationale and references.





## Policy Spotlight

### CAM Policy 132 Lipid Panels

Did you know that heart disease is the leading cause of death for adults in the United States, claiming approximately 600,000 lives a year? It is estimated that coronary heart disease is responsible for nearly \$109 billion each year in health care costs, medications and loss of productivity.

Lipid panel results are used to help determine risk and to identify who should undergo treatment and/or lifestyle changes. Let's review the medical criteria and the guidelines that must be met for coverage of lipid panel testing.

Lipid panels are considered medically necessary:

- For measurement of total cholesterol, HDL-C, LDL-C and triglycerides as part of an assessment of cardiovascular risk factors every five years for patients 20 to 79 years of age and annually for patients at increased risk of cardiovascular disease.
- When evaluating an individual diagnosed with diseases associated with dyslipidemia, nephrotic syndrome, hypothyroidism, hyperthyroidism or pancreatitis.
- Before beginning statin therapy for establishing baseline levels for monitoring therapy.
- Up to every four to 12 weeks for individuals receiving statin therapy.
- When evaluating and managing an individual diagnosed with HIV and receiving antiretroviral therapy (ART).

Please refer to the complete policy on our websites for the full language and details.

# Frequently Asked Questions

The following are questions providers have recently asked of 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](http://www.SouthCarolinaBlues.com) and [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com).



1. **Why should I use an in-network laboratory?** Using an in-network laboratory ensures the lowest out-of-pocket cost for your patients; services provided by in-network labs are monitored in effort to provide high quality and service standards. It is also beneficial when it comes to coordinating patient care.

2. **How do I verify if an independent laboratory is in network?** You can use the Hospital and Doctor Finder on our websites, or you can go to the Laboratory Benefits page on our websites and select Network Laboratories to view a list of in-network independent laboratories.

3. **Where is the Avalon Claim Advice Tool located?**

This tool is available on the Avalon Provider Portal, which can be accessed in the BlueCross provider portal, My Insurance Manager<sup>SM</sup>, in the Resources section. If you have questions about the tool, you will need to contact Avalon Provider Services at **855-895-1676**.

4. **How will I know when there has been an update to a laboratory medical policy?** Our medical policies are reviewed yearly and updated or revised as needed. Because we want you to stay current, we include laboratory updates or revisions in our quarterly laboratory newsletter. We also send email blasts and post bulletins.



## 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@bcssc.com](mailto:provider.education@bcssc.com) or by calling **803-264-4730**.

## 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](http://www.SouthCarolinaBlues.com)
- [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)
- [www.Avalonhcs.com](http://www.Avalonhcs.com)





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