



LAB-LINK

NEW AND UPDATED
LABORATORY TESTING INFORMATION

In This Issue:

TABLE OF CONTENTS	2
TEST CHANGES	3-4
GENERAL INFORMATION.....	5

TEST CHANGES

TSH with Reflex to FT4 (TSHRF)	04/09/19	3
Drug Screen 5, Urine with Confirmation (UDS5)	04/01/19	4
Drug Screen 7, Urine with Confirmation (UDS7)	04/01/19	4
Drug Screen 8, Urine with Confirmation (UDS8)	04/01/19	4
Drug Screen 9, Urine with Confirmation (UDS9)	04/01/19	4
Drug Screen 10, Urine with Confirmation (UDS10)	04/01/19	4

GENERAL INFORMATION

New Tests to be Flagged for Medicaid/ Medicaid Replacement Pre-Authorization	Immediately	5
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**FOR THE MOST UP-TO-DATE TEST INFORMATION, VISIT OUR ONLINE HANDBOOK
AT HEALTHNETWORKLABS.COM**

CPT (Current & Procedural Terminology) is a trademark of the AMA. Codes listed are guidelines and are for informational purposes only. Coding questions should be directed to the third party payor and/or the AMA. OIG guidelines recommend tests ordered should be reasonable and necessary for the patient, given their clinical condition. Physicians who order medically unnecessary tests for which Medicare reimbursement is claimed may be subject to penalties. Individual components of profiles or panels may be ordered individually at an additional charge. Physicians who consider Reflex testing unnecessary may order an initial test without the Reflexed test. Reflex or confirmation tests are performed at an additional charge.

TEST CHANGES

TSH with Reflex to FT4 (TSHRF)

Description of Change:	The reflex testing for the test code TSHRF (Thyroid Stimulating Hormone Reflex) has been modified. The following changes are listed: if the TSH result is low, there will now be a reflex to a Free T4.
Effective Date:	04/09/2019
Includes:	<ul style="list-style-type: none">• TSH• FT4 (when TSH is low or high)
Methodology:	Direct Chemiluminescence
Testing Schedule:	Routine, daily
Report Availability:	1 day
Specimen Requirements:	<u>Minimum Volume:</u> 1 mL serum <u>Container:</u> Gold top tube, serum separator

For additional information, please contact Charlene Miller, Lead Laboratory Technologist, Automation at 877-402-4221.

TEST CHANGES

- Drug Screen 5, Urine with Confirmation (UDS5)
- Drug Screen 7, Urine with Confirmation (UDS7)
- Drug Screen 8, Urine with Confirmation (UDS8)
- Drug Screen 9, Urine with Confirmation (UDS9)
- Drug Screen 10, Urine with Confirmation (UDS10)

Description of Change:	Validity Values for Specific Gravity, Creatinine, pH, and Nitrites will be visible on reports.
Effective Date:	04/01/2019
Methodology:	Immunoassay (IA)
Testing Schedule:	Routine, daily
Report Availability:	1 day 1-5 days for confirmation of positive screening results
Specimen Requirements:	<u>Minimum Volume:</u> 5 mL urine <u>Container:</u> Plastic urine container
Special Instructions:	<ul style="list-style-type: none">• Chain-of-Custody Form optional• Not for forensic/legal testing• This test is not intended for use in employment-related testing.• NOTE: Positive samples are only retained for 2 weeks.
Reference Range:	Negative
Clinical Utility:	Useful for detecting drug abuse.

For additional information, please contact Shannon Clarke , Manager, Toxicology at 877-402-4221.

GENERAL INFORMATION

Medicaid/Medicaid Replacement Pre-Authorization

Description of Change:	Please note that the following testing will begin to flag for pre-auth for Medicaid and the Medicaid Replacement plans:						
Effective Date:	IMMEDIATELY						
	<p>CPT 87505 and 87506 – PCR Testing.</p> <table border="1" style="margin-left: 20px;"> <thead> <tr style="background-color: #0056b3; color: white;"> <th>TEST CODE</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">MFEST</td></tr> <tr><td style="text-align: center;">PSPCR</td></tr> <tr><td style="text-align: center;">VSPCR</td></tr> <tr><td style="text-align: center;">CSPCR</td></tr> <tr><td style="text-align: center;">BSPCR</td></tr> </tbody> </table> <p>The following payers will be impacted:</p> <ul style="list-style-type: none"> • PA Medical Assistance • Aetna Better Health • AmeriHealth Caritas • AmeriHealth Caritas Northeast • Gateway • Geisinger • Health Partners • Keystone First • UnitedHealthCare Community Plans • UPMC 	TEST CODE	MFEST	PSPCR	VSPCR	CSPCR	BSPCR
TEST CODE							
MFEST							
PSPCR							
VSPCR							
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BSPCR							

For additional information, please contact Jennifer Reese, Coordinator, Health Plan Partnerships at 484-425-5087.