

January, 2024

LAByrinth

Industry, Billing, and Operational News for Laboratories

- Presented by ADSRCM and our MedicsRCM Services for Laboratories
to Drive Revenue, Productivity, Staffing, and Workflow -



This Month's Message from Jim: UHC Changes things up for Laboratories in 2024

Happy New Year to all, and best wishes for a great 2024! Okay, let's get down to what's happening or what will happen.

If UHC is a payer of yours and you submit claims for genetic testing, then with dates of service starting in April, they (UHC) will require the MolDx Z-code on those genetic testing claims. Specifically, we're talking about Palmetto's GBA's DEX Z-codes as of April 1, 2024.

The rub: UHC notes that claims for molecular pathology services *will be denied* if the DEX Z-code information is missing, invalid, or doesn't match the service represented by the CPT code reported on the claim. Denied claims may be resubmitted with the required information to be *considered* for reimbursement.

The fallout rub: assume UHC's Z-code requirements will be similarly adopted by other health plans for their genetic test claims.



Jim O'Neill

Sales Manager, Laboratory Services

Why the Z-codes? UHC says it improves patient outcomes and enhances reimbursement process efficiency. Of course, genetic testing laboratories are concerned that Z-code requirements may add hiccups to obtaining timely reimbursements for those tests.

[Click here](#) for details and know that MedicsRCM has our laboratory clients covered on any claim they submit, including those for NGS testing and those requiring Z-codes as described, regardless of the payer.

Please be in touch if we can help!

Digital Pathology Codes: what's new and Exciting!

The AMA has created more than thirty new digital pathology add-on codes even though many of the Category III codes aren't recognized by insurers, making them un-reimbursable (how's that for a word?).

Cytopathology has eight codes (88104, 88106, 88108, 88112, 88141, 88160, 88161 and 88162), three for FNAs (88172, 88177 and 88173), seven for consults (88321, 88323, 88325, 88331, 88332, 88333 and 88334) and two for IF (88346 and 88350). Then there's one for archive retrieval (88363), six for FISH (88365, 88354, 88366, 88368, 88369, and 88377), one for blood smear (85097), one for BM smear (85097) and one for EM (88348)

[Click here](#) for the AMA's details. As mentioned above, our clients have peace of mind with our team, ensuring the new coding is correct.

PAMA and SALSA: Related by Congressional Congressing

1. PAMA Fee Cuts or no PAMA Fee Cuts?

That is the question which thankfully has a good answer: no fee cuts, at least for now. Here's the story:

Congress passed a bill just last month with a one-year reprieve to what was scheduled to be PAMA reimbursement cuts starting on January 1, 2024. It was a close call for 2024.

The entire bill included a short-term spending package to keep the government funded beyond the November 17 deadline. The one-year PAMA reprieve was part of that bill.



2. Can we do the SALSA?

With PAMA cuts reprieved for the year, there's support within the Community of Laboratorians for Congress to pass the **Saving Access to Laboratory Services Act**, which would ensure patient access to laboratory testing services, protect clinical laboratory infrastructure, and support innovation in testing advancements.

Under SALSA, CMS would have to use a different approach to collect the prices paid by private payers for laboratory tests/services, which they (CMS) would, in turn, use to produce accurate and sustainable Medicare rates for those same tests/services.

The feeling is if SALSA passes, some laboratory reimbursement rates will increase. If you're so inclined, you should be in touch with your representatives in Congress, urging them to support the passing of SALSA. If you feel it should be passed, and if it is, then take your salsa lessons and enjoy!

(MedicsRCM ensures laboratory claims are submitted for their best possible reimbursement.)

Healthcare.gov Enrollments Exceed 15 Million

As of December 2023, enrollments have exceeded 15 million; 2024 expects over 19 million enrolling through Affordable Care Act (ACA) marketplaces.

Over 745,000 enrolled in one day (December 15) to have coverage by January 1. [Click here](#) for details from HHS.

On a somewhat related note, you'd be surprised to learn how many "uninsured" patients have coverage. You'd know that using an accurate insurance discovery (ID) mechanism that quickly identifies coverage. A good ID-er will find as many as 30%, which is an astounding number, especially for laboratories. And we can help with that! Our insurance discovery option finds missing coverage as described. Contact us for more about finding insurance for your "uninsured" patients.



CMS Modifies Coverage for Colon Cancer Screening

CMS has reduced the minimum age for coverage for certain colorectal cancer (CRC) screening tests from 50 to 45 years; it applies to CPT codes G0104, G0106, G0120, G0327, G0328 and 82270.

Also, CMS says a positive result from a non-invasive stool-based CRC screening test no longer requires that an ensuing colonoscopy be a *diagnostic* colonoscopy after a Medicare-covered, non-invasive, stool-based CRC screening test returns a positive result if it's part of a complete colorectal cancer screening.



Further, CMS clarified information about modifiers used for screening colonoscopy claims in the context of a complete cancer screening. As of November 13, 2023, providers had to/have to apply the -KX modifier to the claim for the screening colonoscopy to confirm that the clinical requirements of the complete colorectal cancer screening are met.

Claims that do not include the -KX modifier will be processed under prior established policies and claims processing instructions for regular screening colonoscopies.

[Click here](#) for details from CMS, and as already mentioned a few times, we have our clients covered on coding issues such as these.)

Laboratory Fraud Story of the Month

It's a mystery how fraud continues to happen, but it does. How many stories need to be read about people going to prison and having to pay fines? In any case, it continues, and here's our fraud story of the month.

A jury in Miami recently found a nurse practitioner guilty of her role in a massive Medicare fraud involving patients sent for medically unnecessary genetic testing and durable medical equipment. She's facing up to 75 years for her part in the scheme. Her take from it was \$1.6 million which she spent on cars, jewelry, home renovations, and travel.

[Click here](#) for the DOJ report, and ponder how someone could think they'd get away with this. But then, there will be another article next month.

See details from the US Attorney's office.

Non-Laboratory Story

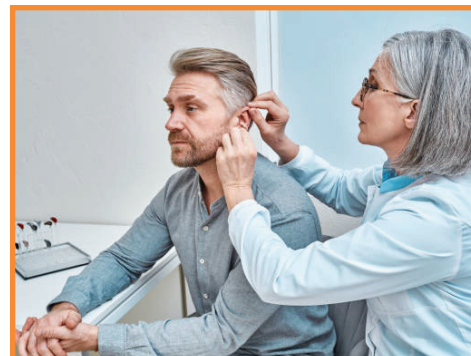
Every so often, we include an article that's not necessarily laboratory-specific but which we think is interesting enough on its own merits to use. The following is one such article:

Wearing hearing aids may reduce the risk of early death, according to a study published in The Lancet Healthy Longevity journal. (Please don't say "What?").

In a study of over 10,000 people, 24% had a lower mortality risk among regular hearing aid users, indicating a possible connection between hearing health and overall well-being. As an additional side note, JAMA's Otolaryngology-Head and Neck Surgery notes that using hearing aids may also be associated with a lower risk of dementia in individuals with hearing loss.

So there it is: hearing aids help people hear better and perhaps actually live longer and avoid dementia. Presumably a sound conclusion.

[Click here](#) for the Lancet report.



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Next up: February's LAByrinth, sent with love for Valentine's Day, with more articles of interest for your perusal!

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Feedback or comments on our newsletters/content are greatly appreciated. Please opine by emailing marc.klar@adsc.com or by calling me at 973-931-7516. I would love to hear from you!

-Marc E. Klar, Vice President, Marketing, ADS RCM.

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