SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS **DEC. 8, 2016**

ATTENTION ORDERING PHYSICIANS, LABS, HOSPITAL LABS:

LABORATORY MANAGEMENT PROGRAM CHANGES EFFECTIVE JAN. 1, 2017, AND FEB. 6, 2017

The following changes will take effect for the Laboratory Management Program:

COLOGUARD TEST TO BE REMOVED EFFECTIVE JAN. 1, 2017

The Cologuard test (**CPT 81528**) is being removed from the Laboratory Management Program. Since this procedure code will no longer be managed via the Laboratory Management Program, it will no longer require authorization, nor will it be subject to claims review.

NON-INVASIVE PRENATAL TESTING WILL NO LONGER REQUIRE PRIOR AUTHORIZATION EFFECTIVE JAN. 1, 2017

Non-invasive prenatal testing (NIPT) procedure codes **81420, 81507, and 0009M** are being moved from prior authorization to claims review only. Coverage will be expanded to include the average-risk pregnant population.

ANNUAL CODING UPDATES EFFECTIVE JAN. 1, 2017

In accordance with the American Medical Association coding changes for 2017, Highmark will make the following revisions to the list of procedure codes being managed via the Laboratory Management Program.

- Deletions: **CPTs 81280, 81281, and 81282** will no longer be part of the Laboratory Management Program.
- Additions: The codes in the chart on the next page will be added to the Laboratory Management Program. All of the new codes will be managed the same way that the codes they are replacing are currently managed; i.e., new codes requiring prior authorization are currently billed via a code that requires prior authorization today.

CLINICAL GUIDELINES CHANGES EFFECTIVE FEB. 6, 2017

We will be making changes to our clinical guidelines that will take effect Feb. 6, 2017. Details about these changes are available in this Executive Summary. The future edition of the Laboratory Management Clinical Guidelines is also available for additional information. To learn more about the Laboratory Management Program and how to submit prior authorization requests through eviCore, please visit the newly launched **Laboratory Management Program** page, located under **Clinical Reference Materials** on the Provider Resource Center.

We appreciate your cooperation in this program to help support appropriate care for our members.

(Over, please)

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Code Changes Effective Jan. 1, 2017

New Procedure Code	Laboratory Management Program Requirement	Description	Previous Procedure Code(s)
81327	Prior Authorization	SEPT9 (Septin9) (e.g., colorectal cancer) methylation analysis	81401
81413	Prior Authorization	Cardiac ion channelopathies (e.g., Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	81280
81414	Prior Authorization	Cardiac ion channelopathies (e.g., Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least two genes, including KCNH2 and KCNQ1	81282
81422	Prior Authorization	Fetal chromosomal microdeletion(s) genomic sequence analysis (e.g., DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	81479, 81599
81439	Prior Authorization	Inherited cardiomyopathy (e.g., hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least five genes, including DSG2, MYBPC3, MYH7, PKP2, and TTN	Multiple tier 2 codes in range 81400-81408
81539	Prior Authorization	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	0010M
87483	Claims Review	Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (e.g., Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpes virus 6, cytomegalovirus, varicella zoster virus, Cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	Multiple individual molecular infectious components