

February, 2023

LAByrinth

Industry, Billing, and Operational News for Clinical, Toxicology, Pathology, Genetic, Molecular, and Esoteric Laboratories

From ADS RCM...a leading provider of outsourced revenue cycle management,
billing, financial ,operational, and workflow services



This Month's Message from Jim: Great News on the Future of Clinical Laboratories

According to a late-breaking report from Grand View Research, the global clinical laboratory service market is projected to reach almost \$281 billion from 2022 to 2030, attributable to an increasingly aging population that's spurning demand for early disease diagnosis.

While it's a global report, the US clinical laboratory segment is well represented. It's definitely encouraging to see this projected growth.

[Click here for the entire release](#), and let's all look forward to a prosperous future for clinical laboratories!



Jim O'Neill
Sales Manager, Laboratory Services

The End: COVID-19's Public Health Emergency

There won't be a Times Square ball drop at midnight, but you can put **May 11, 2023**, on your calendars as the day CMS has designated as the official end date for the COVID-19 public health emergency (PHE). The announcement was made on January 30. For reference, a national emergency was declared on March 13, 2020.



But what does “no more COVID-19 PHE” mean?

To ensure a smooth transition while still protecting everyone's health and well-being, CMS has taken immediate action to update fact sheets and other supporting resources to prepare for changes that will occur beginning on May 11.

Here are some encapsulations courtesy of the Kaiser Family Foundation:

✓ Vaccines

What's changing? Nothing, because the availability, access, and cost of COVID-19 vaccines and boosters, are determined by the **supply** of Federally-purchased vaccines, not by the PHE.

What's the same? As long as federally purchased vaccines last, COVID-19 vaccines will remain free to all people, regardless of insurance coverage. Providers of federally purchased vaccines are not allowed to charge patients or deny vaccines based on the recipient's coverage or network status.

✓ At-Home/Over-the-Counter COVID Tests

What's changing? These tests may become more costly for those with insurance, and people with traditional Medicare will no longer be able to get these tests at no cost. Those with private insurance and Medicare Advantage (private Medicare plans) will no longer be assured of getting free at-home tests, although some insurers may continue to voluntarily cover them.

For those on Medicaid, at-home tests will be covered at no cost through September 2024. After that date, home test coverage will vary by state.

What's the same? Uninsured people in most states were already paying full price for at-home tests as they weren't eligible for the temporary Medicaid coverage for COVID testing services. Uninsured and other people who cannot afford at-home tests may still be able to find them at a free clinic, community health center, public health department, library, or other local organization. Additionally, some tests have been provided by mail through the federal government, though supply is diminishing.

✓ PCR and rapid tests ordered or administered by a health professional

What's changing? Although most insured people will still have coverage for COVID tests ordered or administered by a health professional, these tests may no longer be free.

- Traditional Medicare will be no cost for the test but could be cost-sharing for the doctor's visit.
- Medicare Advantage and private insurance, the test, and the associated doctor's visit both might be subject to cost-sharing depending on the plan. Some insurers might limit the number of covered tests or require tests be done by in-network providers.
- Medicaid will continue free tests through September 2024, after which states may limit the number of covered tests or impose nominal cost-sharing.

- Uninsured people in the 15 states that have adopted the temporary Medicaid coverage option will no longer be able to obtain COVID-19 testing services, including at-home tests, with no cost-sharing; this program ends with the public health emergency.

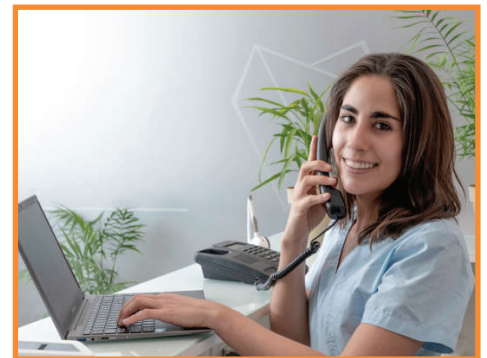
As mentioned, **these are encapsulations**. Please see [Kaiser Family Foundation](#) for more details on each to ensure you're ready for your May 11th aftereffects.

Toxicology Laboratories in Audit's Crosshairs

Audits in 2023 can be toxic for toxicology labs. Specifically, CMS is prevailing upon MACs to focus on payment audit claim reviews on providers and labs that perform definitive drug testing. If you're performing tests under toxicology codes G0480 to G0483, CMS can and probably will conduct audits as part of their Targeted, Probe, and Educate program.

MACs will review to ensure claims support the medical necessity of the billed tests. Red flags are noted when codes are overused, and physicians' signatures are missing.

The TPE premise is self-explanatory, but to explain, toxicology labs that fall into the focused parameters are **targeted**, then **probed** (audited), and then educated on common billing errors that can be corrected instead of more drastic actions being taken off-the-bat.



The obvious advice is that if you're submitting the noted codes, you also respect medical necessity and that your documentation does the same. Our MedicsRCM service will ensure that your documentation is in order, alleviating any audit concerns.

What do TJC, CLIA, and COLA have in Common?

To keep things exciting and everyone on their laboratorian toes, The Joint Commission (TJC) has decided to no longer recognize Clinical Laboratory Improvement Amendments (CLIA) accreditations issued by the Commission on Office Laboratory Accreditation.

As such, over the next two years, a number of hospitals and healthcare facilities will need to respond to TJC's decision on not recognizing CLIA accreditations issued by COLA in TJC-accredited facilities.

Okaaay...because in the 30-year history of CLIA regulation, there may be no precedent for one organization approved by the Centers for Medicare and Medicaid Services (CMS) to cease recognizing the laboratory accreditations of another that's also a deeming organization.



So many TJC-accredited facilities have at least one COLA/CLIA-accredited laboratory site. With TJC's new policy having taken effect on January 1st, those facilities – to keep their TJC accreditation – will need to select another deeming organization for CLIA accreditation.

Why? Why? Why? Everything was going along so nicely. Perhaps TJC has concerns about COLA's accreditation reviews. Another thought is that competition between different accrediting entities is heating up. In any case, you now know the TJC/CLIA/COLA connection.

Prison for Former Clinical Laboratory Owner

A former clinical laboratory owner who was found guilty by a jury in March 2022 was sentenced in January to **two years in prison** for accepting kickbacks in return for test referrals. Reportedly, the kickbacks totaled **almost \$4 million** derived from steering urine drug specimens to laboratories which then billed Medicare.

[Click here for the OIG's details.](#)



Slide Guide on New CPT® Codes

On January 1, 13 new CPT codes went into effect for converting glass slides to digital whole-slide images.

The 13 are Category III codes, meaning they're *temporary procedural terminology codes used for emerging services and technologies that don't receive reimbursement*. CMS goes into a "tryout" period on them for at least a part of 2023 to gather data about their use in clinical labs and anatomic pathology groups.

The idea is that CMS will monitor the new codes to support patient care and shorten diagnosis time. CMS and others at the Federal healthcare level and private payers will assess future reimbursements.

The new digital pathology codes are:

- ✓ **0751T**—Digitization of glass microscope slides for Level II, surgical pathology, gross and microscopic examination.
- ✓ **0752T**—Digitization of glass microscope slides for Level III, surgical pathology, gross and microscopic examination.
- ✓ **0753T**—Digitization of glass microscope slides for Level IV, surgical pathology, gross and microscopic examination.
- ✓ **0754T**—Digitization of glass microscope slides for Level V, surgical pathology, gross and microscopic examination.
- ✓ **0755T**—Digitization of glass microscope slides for Level VI, surgical pathology, gross and microscopic examination.
- ✓ **0756T**—Digitization of glass microscope slides for special stain, including interpretation and report, group I, for micro-organisms (e.g., acid fast, methenamine silver).
- ✓ **0757T**—Digitization of glass microscope slides for special stain, including interpretation and report, group II, all other (e.g., iron, trichrome), except stain for micro-organisms, stains for enzymes constituents, or immunocytochemistry and immunohistochemistry.
- ✓ **0758T**—Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block.
- ✓ **0759T**—Digitization of glass microscope slides for special stain, including interpretation and report, group III, for enzymes constituents.
- ✓ **0760T**—Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure.

- ✓ **0761T**—Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure.
- ✓ **0762T**—Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure.
- ✓ **0763T**—Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (e.g., Her-2/neu, ER, PR), quantitative or semiquantitative, per specimen, each additional single antibody stain procedure, manual.

You're encouraged to visit [American Medical Association \(ama-assn.org\)](http://American Medical Association (ama-assn.org)) for more about digital pathology codes and related information.

MedicsRCM has perfected knowledge of the 13 codes.

Outsourced RCM Services for your Laboratory, or an In-House Platform?

Our MedicsRCM service **guarantees to increase laboratory revenue** in 90 days and can help **consolidate your staffing issues** with our outsourced workforce. Our team of laboratory financial, analytics, and workflow experts drive revenue and efficiency for our clients. The platform we use, MedicsPremier from ADS, is accessible at no additional cost for as many users as needed. You'll have **on-demand, transparent access to all of your data**.



The same MedicsPremier system is available if you prefer using an **in-house system on your server or our cloud**.

Please get in touch with us at **844-599-6881** or email [**info@adsc.com**](mailto:info@adsc.com) for more about MedicsRCM, MedicsPremier as an in-laboratory platform, or both! See us at [**www.adsc.com**](http://www.adsc.com). See us at [**www.adsc.com**](http://www.adsc.com).

Next: the March 2023 LAByrinth.

And if you're attending the **Executive War College in April**, Gene Spirito, Shane Cogossi, and I will look forward to seeing you there!

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