



## Provider communication

*General information and system updates*

October 31, 2023

### **Mercy Care's Preferred Laboratory Provider**

**Applicable to: Mercy Care Complete Care, Mercy Care ACC RBHA, Mercy Care Long Term Care, Mercy Care DD, Mercy Care DCS CHP, and Mercy Care Advantage**

We are sending this notice as a reminder to our provider network regarding our preferred laboratory services. The below information can be found in our [Claims Processing Manual](#) under **Chapter 2 - Section 2.0 - Laboratory Services**.

Sonora Quest Laboratories, a subsidiary of Laboratory Sciences of Arizona, is Mercy Care's preferred provider of laboratory services for all lines of business. The Mercy Care Lines of business are as follows:

- Mercy Care Complete Care (MCCC)
- Mercy Care Long Term Care (MCLTC)
- Mercy Care DD (Mercy Care DD)
- Mercy Care RBHA (Mercy Care ACC-RBHA)
- Mercy Care Advantage (MCA)
- Arizona Department of Child Safety Comprehensive Health Plan (Mercy Care DCS CHP)
- Non-Title XIX/XXI

If your practice location does not presently have a relationship with Sonora Quest Laboratories, please contact their Sales Support Department at 602-685-5285. Sonora Quest Laboratories will work closely with your practice to assure a smooth transition takes place. Please feel free to contact Sonora Quest's website at <http://www.sonoraquest.com/> to access current laboratory locations.

Additional requirements for labs are as follows:

- ALL genetic testing requests must be authorized in advance. The prior authorization staff will direct you to the appropriate laboratory service provider for the test that you are requesting.
- Please DO NOT send any Mercy Care members or lab specimens drawn in the office to a hospital reference laboratory for services. All laboratory testing can be provided by Sonora Quest Laboratories.
- Since Sonora Quest is Mercy Care's preferred lab, we only allow the following lab services to be reimbursed in the physician office setting:

### CPT Code and Descriptions

**81002** - Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, non-automated, without microscopy

**81025** - Urine pregnancy test, by visual color comparison methods

**82270** - Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided 3 cards or single triple cards for consecutive collection)

**82962** - Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use

**83026** - Hemoglobin; by copper sulfate method, non-automated

**83036 QW** - Hemoglobin; glycosylated (A1C)

**83037 QW** - Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use

**83655** - Lead

**83861 QW** - Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity

**85013** - Blood count; spun microhematocrit

**85014 QW** - Blood count; hematocrit (Hct)

**85018 QW** - Blood count; hemoglobin (Hgb)

**85610 QW** - Prothrombin time

**85651** - Sedimentation rate, erythrocyte; non-automated

**86308 QW** - Heterophile antibodies; screening

**86328** - Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g. reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS CoV-2) (coronavirus disease {COVID-19})

**86580** - Skin test; tuberculosis, intradermal

**87210 QW** - Smear, primary source with interpretation; wet mount for infectious agents

**87426 QW** - SarsCov Coronavirus AG IA

**87428 QW** - SarsCov & Inf Vir A&B AG IA

**87635 QW** - SarsCov2 Covid19 Amp Prb

**87636 QW** - SarsCov2 & Inf A&B Amp Prb

**87637 QW** - SarsCov2 & Inf A&B&RSV Amp Prb

**87804 QW** - Infectious agent antigen detection by immunoassay with direct optical observation; Influenza

**87811 QW** - SarsCov2 Covid19 W/Optic

**87880 QW** - Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A

**U0002** - SARS-CoV-2/2019-nCoV (COVID-19 2019 novel coronavirus (2019-ncov) realtime rt-pcr diagnostic panel

**0240U** - Nfct DS Vir Resp RNA 3 Trgt

**0241U** - Nfct DS Vir Resp RNA 4 Trgt

***Definitive Urine Drug Tests – HCPCS Codes G0480-G0483***

Based on a recent [article](#) from the Office of the Inspector General (OIG), Drug testing is generally used to detect the presence or absence of drugs in patients undergoing treatment for pain management or substance use disorders. Payments for definitive drug testing services increase based on the number of drug classes tested. The Centers for Medicare & Medicaid Services (CMS) identified overpayments for the definitive drug testing service with the highest reimbursement amount (HCPCS code G0483, definitive drug testing for 22 or more drug classes) due to noncompliance with Medicare requirements. In addition, a prior OIG report on drug testing services identified that payments for G0483 were at risk for overpayments.

In accordance with CMS, Mercy Care conducts audits on these codes to validate medical necessity. CMS defines medical necessity as follows:

***"Services must be under accepted standards of medical practice and considered to be specific and effective treatment for the patient's condition. The amount, frequency, and duration of the services planned and provided must be reasonable."***

Mercy Care's intent is to review these codes for overutilization as well. This not only applies to Mercy Care Advantage, but to all Medicaid Plans as well. Medical records must be substantiated to prove billing codes of G0480-G0483 are warranted. This will be conducted through medical necessity review via medical records.

Please don't hesitate to contact your Mercy Care [Network Management Representative](#) with any questions or comments. You can find this [Notice](#) and all other provider notices on our Mercy Care website.

Thanks for all you do!

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