

Quest Diagnostics

HealthPlus has a capitated contract with Quest Diagnostics, Inc., for laboratory services for most HealthPlus members. If you draw specimens in your office, please send the specimen to Quest Diagnostics, Inc. HealthPlus will pay the drawing fee. If you do not draw specimens, please direct the HealthPlus member to one of the Quest locations listed in the provider directory. There are specific tests that a physician can perform in an office setting. For a complete list of those tests, see "Laboratory Tests Allowed in a Physician Office," which is located in this chapter.

Be sure to include the diagnosis when sending a patient for laboratory services. Patients may schedule an appointment with Quest by visiting www.questdiagnostics.com/appointment or by calling 1-888-277-8772 (24 hours a day/seven days a week).

For STAT lab services, the following options are available. Note: A STAT should not be confused with a physician requesting a result the same day.

- During Quest location hours: Patients should be directed to Quest locations. Attached is a list of services available on a STAT basis. Results will be provided within 2-4 hours
- After Quest location hours (evenings and after noon on Saturday): If your office does blood draws, call Quest for a STAT pickup. The specimen will be processed in 2-4 hours from the time of pickup.
- If a STAT comes in as part of the routine run, Quest Diagnostics will attempt to get the results back to the physician within 2-4 hours.
- Quest will contact the physician if there is an abnormal test result. Please note on the order how you prefer to be contacted (fax, phone number, etc.). If you want to be contacted for normal test results, please note that on the lab order.

PPO

Members pay no copayment or deductible for laboratory tests performed by Quest Diagnostics, Inc. Please follow all HMO instructions noted above. Laboratory services are also available at participating hospitals for the PPO only. However, services at these sites will be subject to the member's deductible and coinsurance.

Laboratory Tests Allowed in a Physician's Office

Lab Services and DME

Code	Description	Medicare Code
36415	Collection of venous blood by venipuncture	G0001
36416	Collection of capillary blood specimen (e.g., finger, heel, ear stick)	
81000	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, with microscopy	
81002	Non-automated, without microscopy	
81003	Automated, without microscopy	
81005	Urinalysis; qualitative or semiquantitative, except immunoassays	
81015	Microscopic only	
81025	Urine pregnancy test, by visual color comparison methods	
82044	Urine, microalbumin, semiquantitative (e.g., reagent strip assay)	
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 three cards or single triple card for consecutive collection)	G0107
82271	Other sources	
82272	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative, feces, single specimen (e.g., from digital rectal exam)	
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	
82947	Glucose; quantitative, blood (except reagent strip)	
82948	Blood, reagent strip	
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use	
83013	Helicobacter Pylori; breath test analysis for urease activity, non-radioactive isotope (e.g., C-13)	
83655	Lead	
83986	pH, body fluid, except blood	
84703	Gonadotropin, chorionic (hCG); qualitative	
85007	Blood smear, microscopic examination with manual differential WBC count	
85013	Spun microhematocrit	
85014	Hematocrit	
85108	Hemoglobin	
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	

85027	Complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	
85041	Red blood cell (RBC) only	
85048	Leucocyte (WBC), automated	
85610	Prothrombin time	
86308	Heterophile antibodies; screening	
86485	Skin test; candida	
86580	Tuberculosis, intradermal	
86586	Unlisted antigen, each	
87081	Culture, presumptive, pathogenic organisms, screening only	
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi or cell types	
87210	Wet mount for infectious agents (e.g., saline, India ink, KOH preps)	
87220	Tissue examination by KOH slide of samples from skin, hair or nails for fungi or extoparasite ova or mites (e.g., scabies)	
87339	Helicobacter Pylori	
87804	Influenza	
87807	Respiratory syncytial virus	
87880	Streptococcus, Group A	

Durable Medical Equipment (DME) HMO and PPO

DME and Supplier Information

HealthPlus contracts with multiple suppliers for durable medical equipment (DME) and prosthetic and orthotic (P&O) services. A contracted HealthPlus physician must prescribe DME and/or P&O services.

Any requested services will be authorized within the limits of the enrollee's benefit package and must meet established coverage and quantity criteria. When an enrollee is hospitalized, staff from the hospital will assist the physician and HealthPlus case managers with arrangements for services when the patient is discharged. For a list of providers, please refer to the HealthPlus Provider Directory.

HealthPlus generally follows Medicare guidelines for all non-Medicaid enrollees and Medicaid guidelines for Medicaid enrollees. The DME and P&O provider may request physicians to supply certain information or forms for benefit authorization.

To verify eligibility

Contact the HealthPlus Interactive Voice Response (IVR) at:

(810) 733-1942 or 1-800-675-2965

Providers utilize Medicare guidelines when distributing DME and P&O products for HealthPlus Commercial, supplemental Medicare and Medicare Advantage members.

DME/P&O providers utilize Medicaid guidelines when distributing DME and P&O products for HealthPlus Partners (Medicaid) members.

DMERC and Medicaid guidelines are followed for over-quantity requests. DME/P&O vendors will provide HealthPlus clinical documentation and a prescription to support the request prior to dispensing items. For products or services that do not meet Medicare or Medicaid guidelines, DME/P&O staff will advise providers that there is no coverage.

For further information, members may call HealthPlus Customer Service at:

1-800-332-9161

DME/P&O providers will need to send, via fax, the Certificate of Medical Necessity (appropriate to the item being requested) and the prescription to the Referral Department, Attention: DME for the following items:

- Durable Medical Equipment that requires prior authorization
 - wheelchairs
 - items that might be considered "deluxe"
 - unlisted codes (NOC)
 - items when the cost is anticipated to be \$3,000 or more per claim (\$2,000 Medicaid)
 - CPAP and BIPAP Devices
 - Bone Stimulators
- If the service or item is not a covered benefit but the physician documentation supports the request, DME/P&O provider agrees to inform the member that the services are not a covered benefit.

Authorizations

You may call for an authorization at:

(989) 799-8723

You may also fax information required for authorization to:

(989) 799-6471

DME/P&O providers will submit all physician/patient documentation with the request for authorization.

For the items noted, HealthPlus will issue an authorization number to DME/P&O providers, which must be included on the claim for payment.

Note: If there is no guideline for over-quantities of supplies billed with a code (e.g., Medicaid patient – wound care supplies), please rely on the home health treatment plan, physician order, etc. as evidence of medical necessity to determine quantity and dispense. HealthPlus will review these cases upon retrospective audit.

Question	Answer	Additional Information
Where do I send a HealthPlus enrollee for lab services?	Use Quest Diagnostics.	Please see the HealthPlus Provider Directory for locations.
How do I arrange for STAT testing?	Quest will pick up STAT specimens from your office or you may send the patient with a STAT order to a Quest Patient Service Center. Results will be available within 2-4 hours of pickup or testing.	Call the Quest Logistics Department for specimen pick up: 1-800-444-0106, option 4.
Can I provide any lab services in my office?	Yes. Specific lab procedures considered basic to a physician's office can be performed. Lab procedures not listed will be denied.	For a list of these procedures, see allowed services in Chapter 7.
May I draw specimens in my office?	Yes. Please send specimens to Quest Diagnostics for testing.	HealthPlus Customer Service Department: 1-800-332-9161
Where do I refer a member for DME or P&O services/devices?	Please refer to the DME/P&O section of the Provider Directory for locations.	HealthPlus Customer Service Department: 1-800-332-9161