

Effective April 1, 2011 HealthPlus will contract with Joint Venture Hospital Laboratories (JVHL) as the preferred laboratory vendor for outreach laboratory services.

Who is JVHL?

JVHL is a network consortium of hospital laboratories located throughout the State of Michigan. The JVHL network hospitals provide 24 hour/7 day laboratory testing. Patient Service Centers (draw sites) located throughout the community and on hospital campuses also provide courier services to all physician clients.

Expanded laboratory access

With the addition of JVHL, HealthPlus providers and members now have more laboratory draw site choices than ever before. Members can continue to use Quest draw sites or use a preferred JVHL network hospital draw site anywhere in Michigan.

Will this have a significant impact to physician offices?

Physicians currently using Quest's Care360, EMR or any other electronic interface for ordering of lab tests or results will be able to continue to do so. If a JVHL network hospital is not established in your office as a lab provider and you are interested in using their services, contact JVHL at 1-800-445-4979 for assistance.

Where are the JVHL and Quest Draw Sites located?

To obtain a complete list of participating JVHL and Quest Patient Service Center draw sites, please consult the Provider Resources section of the HealthPlus website at www.healthplus.org. You can also find JVHL draw site locations by going to www.jvhl.org and Quest draw sites at www.questdiagnostics.com.

Can JVHL Draw Sites be used for all HealthPlus members?

JVHL and Quest draw sites can be used by: Commercial HMO, PPO, Options, Medicare Advantage HMO, Medicare Advantage PPO, HealthPlus Partners, MIChild, Bay Health Plan, Genesee Health Plan, and Saginaw Health Plan product lines.

How will lab values be reported?

Regardless of the laboratory you used for your HealthPlus patients, the pertinent lab values will be reported to HealthPlus to ensure all HEDIS data is captured.

Lab in the physician office

HealthPlus will continue to reimburse physicians for selected lab services performed in your office. For a list of those lab tests, please consult the Provider Manual on the HealthPlus website at www.healthplus.org. Effective April 1, 2011, Bay Health Plan, Genesee Health Plan, and Saginaw Health Plan will also reimburse for selected lab services performed in the your office.

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	
85018	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 Joint Venture Hospital Labs (JVHL) or Quest Diagnostics.	For draw sites, please see www.jvhl.org or www.questdiagnostics.com .
How do I arrange for STAT testing?	JVHL or Quest will pick up STAT specimens from your office or you may send the patient with a STAT order to a JVHL or Quest Patient Service Center. Results will be available within 4 hours of pickup or testing.	
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 JVHL or 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