



# MVP Routine Laboratory Management

Post-Service & Pre-Payment Policy Adherence

Effective August 1, 2024

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# Lab Benefit Management Program Overview

# Partnership with Avalon Healthcare Solutions

*“MVP is Committed to Providing the Right Care for Our Members”*

Effective August 1, 2024, Health Care<sup>®</sup> (MVP) is partnering with Avalon Healthcare Solutions for Routine Lab Management, to include post-service & pre-payment policy adherence. Avalon is the world's first and only Lab Insights company, bringing together proven Lab Benefit Management solutions, lab science expertise, digitized lab values, and proprietary analytics to collaborate with MVP to proactively inform appropriate care, and improve clinical outcomes.



# Laboratory Statistics in the U.S.



**13B+**

lab tests  
performed  
annually in U.S.



**70%**

of medical  
decisions based  
on lab results



**30%**

of lab tests of  
low value or  
duplicative



**2x-3x**

variation in lab  
costs by site

# Policy Development: What Does The Science Say?

## Laboratory policy development is centered on inputs from the following:

- Avalon's dedicated full-time scientists support and maintain ~71 Routine and ~80 Genetic outpatient laboratory policies
- All policies are researched, written, and maintained in-house by dedicated science team, including PhDs
- Demonstrated conditions of coverage
- Each policy has robust scientific rigor, typically using ~ 50 references
- Annual updates; approved by Avalon's independent clinical advisory board



# Impacted MVP Lines of Business

## **Avalon supports MVP Members in both New York and Vermont:**

- Commercial
- ASO
- Medicaid
- Medicare Advantage
- D-SNP
- Exchange/Marketplace



# Ordering Providers and Billing Providers

- Ordering Providers and Billing Providers can continue ordering and billing for services without any administrative changes, and as long as those services are adherent with the MVP lab policies, they will be reimbursed just as before without any change or impact
- If the clinical indication for what is being ordered is unclear, it is the billing Provider's responsibility to obtain additional information needed to make that confirmation
- Billing Providers are encouraged to continue to use the same communication pathways in place today with ordering Providers to obtain missing or more current information to ensure adherence to the evidence-based policy



# Lab Policy Administration

# MVP Laboratory Payment Policies

To view our policies, visit [mvphealthcare.com/policies](https://mvphealthcare.com/policies) and select *MVP Laboratory Policies*

### Vitamin D Testing

|   |                               |
|---|-------------------------------|
| Policy Number: AHS – G205 – Vitamin D Testing | Prior Policy Name and Number: |
| Initial Presentation Date: 11/16/2015         |                               |
| Revision Date: 12/06/2023                     |                               |

**POLICY DESCRIPTION**  
**RELATED POLICIES**  
**INDICATIONS AND/OR LIMITATIONS OF COVERAGE**  
**TABLE OF TERMINOLOGY**  
**SCIENTIFIC BACKGROUND**  
**GUIDELINES AND RECOMMENDATIONS**  
**APPLICABLE STATE AND FEDERAL REGULATIONS**  
**APPLICABLE CPT/HCPCS PROCEDURE CODES**  
**EVIDENCE-BASED SCIENTIFIC REFERENCES**  
**REVIEW/REVISION HISTORY**

**Policy Description**

Vitamin D is a precursor to steroid hormones and plays a key role in calcium absorption and metabolism. Vitamin D promotes enterocyte differentiation and the intestinal absorption of calcium. Other effects include a lesser stimulation of intestinal phosphate absorption, suppression of parathyroid hormone (PTH) release, regulation of osteoblast function, osteoclast activation, and bone mineralization (Pazirandeh & Burns, 2023).


Vitamin D is present in nature in two major forms. Ergocalciferol, or vitamin D2, is found in foods such as salmon and tuna and egg yolks, although very few foods naturally contain significant amounts of vitamin D. Cholecalciferol, or vitamin D3, is synthesized in the skin via exposure to ultraviolet light. Some foods are also fortified with vitamin D, most notably milk and fortified cereals (14).

Though "The risk of vitamin D deficiency differ[s] by age, sex, and race and ethnicity", for vitamin D deficiency include inadequate sunlight exposure, inadequate dietary intake of vitamin D, and malabsorption syndromes, such as Crohn's disease and celiac disease (14; Looker et al., 2011).

**Related Policies**

| Policy Number | Policy Title  |
|---------------|---|
| AHS-G2164     | Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing |

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### Celiac Disease Testing

|   |  |
|---|--|
| Policy Number: AHS – G2043 – Celiac Disease Testing | Prior Policy Name and Number, as applicable: |
| Initial Presentation Date: 09/18/2015               |  |
| Revision Date: 09/06/2023                           |  |

**POLICY DESCRIPTION**  
**RELATED POLICIES**  
**INDICATIONS AND/OR LIMITATIONS OF COVERAGE**  
**TABLE OF TERMINOLOGY**  
**SCIENTIFIC BACKGROUND**  
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**APPLICABLE STATE AND FEDERAL REGULATIONS**  
**APPLICABLE CPT/HCPCS PROCEDURE CODES**  
**EVIDENCE-BASED SCIENTIFIC REFERENCES**  
**REVISION HISTORY**

**Policy Description**

Celiac disease is a hereditary, chronic autoimmune disorder triggered by the ingestion of gluten, a protein found in wheat, rye, and barley. When an individual with celiac disease ingests gluten, the body mounts an immune response that attacks the small intestine. These attacks lead to damage on the villi within the small intestine, inhibiting nutrient absorption (CDF, 2018).

**Related Policies**

| Policy Number | Policy Title   |
|---------------|--|
| AHS-G2121     | Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease |
| AHS-G2155     | General Inflammation Testing                                       |

**Indications and/or Limitations of Coverage**

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request. Specifications pertaining to Medicare and Medicaid can be found in the "Applicable State and Federal Regulations" section of this policy document.

1) For individuals who have been diagnosed with celiac disease and who are IgA sufficient, serologic testing with IgA anti-tissue transglutaminase (tTG) **MEETS COVERAGE CRITERIA** at the following intervals:

- At the first follow-up visit 3-6 months after diagnosis.

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### Scientific Background

Tears are necessary for maintaining the health of the inner and outer surfaces of the eyelid and for providing clear vision. The tear film of the eye consists of aqueous, mucous, and lipid components. A healthy tear film is necessary for protecting and moisturizing the cornea, as well as for providing a refracting surface for light entering the eye (Willcox et al., 2017). Dysfunction of any component of the tear film can lead to dry eye disease (dysfunctional tear syndrome, DED). Dry eye is a common and often chronic problem, particularly in older adults as age affects the entire lacrimal functional unit (Ezuddin et al., 2015). The exact prevalence of dry eye is unknown due to difficulty in defining the disease and the lack of a single diagnostic test to confirm its presence, but the 2013 National Health and Wellness Survey estimated the rate of dry eye in the United States to be 6.8%, or about 16.4 million people; prevalence tended to increase with age, with the 18-34 age group only comprising 2.7% of the total and the 75+ age group comprising 18.6% (Farrand et al., 2017; Shtein, 2023). Risk factors for dry eye include increasing age, systemic comorbidities such as diabetes and autoimmune disease, and therapeutic treatments for anxiety, depression, and sleep disorders (Periman, 2020).

Further, the 2017 Tear Film & Ocular Surface (TFOS) Society International Dry Eye Workshop (DEWS) II reported that "the core mechanism of dry eye disease is tear hyperosmolality, which is the hallmark of the disease" (Craig, Nichols, et al., 2017).

Dry eye is classified into two general groups: decreased tear production and increased evaporative loss. Decreased tear production may lead to hyperosmolality of the tear film and inflamed ocular surface cells. An age-related ductal obstruction is the most common cause of decreased tear production. Increased evaporative loss is typically caused by problems in the Meibomian gland when the glands that produce the lipid portion of the tear film fail. This lipid portion normally allows the tear film to spread evenly, minimizing evaporation. In both groups, tear film hyperosmolality and subsequent ocular surface inflammation lead to the variety of symptoms and signs associated with dry eye (Shtein, 2023).

| CPT   | Code Description  |
|-------|---|
|       | Lab/Manufacturer: Qorvo Biotechnologies   |
| C9803 | Hospital outpatient clinic visit specimen collection for coronavirus 2 (sars-cov-2) (coronavirus disease 2019)  |
| G2023 | Specimen collection for severe acute respiratory (coronavirus disease [covid-19]), any specimen source  |
| G2024 | Specimen collection for severe acute respiratory (coronavirus disease [covid-19]) from an individual with a history of HHA, any specimen source   |
| U0001 | CDC Novel Coronavirus (2019-nCoV) Real-Time RT-PCR  |
| U0002 | Non-CDC laboratory test for 2019-nCoV (COVID-19)  |
| U0003 | Infectious agent detection by nucleic acid (DNA/RNA) analysis, including but not limited to: 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R                  |
| U0004 | Infectious agent detection by nucleic acid (DNA/RNA) analysis, including but not limited to: 2019-nCoV Coronavirus, SARS-CoV-2 (Coronavirus disease 2019) or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R |
| U0005 | Infectious agent detection by nucleic acid (DNA/RNA) analysis, including but not limited to: 2019-nCoV Coronavirus, SARS-CoV-2 (Coronavirus disease 2019) or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R |

Current Procedural Terminology © American Medical Association

*Procedure codes appearing in Medical Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.*

**Evidence-based Scientific References**

AAP. (2022, February 28). *COVID-19 Testing Guidance*. <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-testing-guidance/>

AAP. (2023, February 8). *Multisystem Inflammatory Syndrome in Children (MIS-C) Interim Guidance*. <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/multisystem-inflammatory-syndrome-in-children-mis-c-interim-guidance/>

AMA. (2020, 05/14/2020). *Serological testing for SARS-CoV-2 antibodies*. American Medical Association. Retrieved 05/19/2020 from <https://www.ama-assn.org/delivering-care/public-health/serological-testing-sars-cov-2-antibodies>

ASA & APSF. (2022, 12-21-2022). *ASA and APSF Updated Statement on Perioperative Testing for SARS-CoV-2 in the Asymptomatic Patient*. <https://www.apsf.org/news-updates/asa-and-apsf-updated-statement-on-perioperative-testing-for-sars-cov-2-in-the-asymptomatic-patient/>

Backer, J. A., Klitkenberg, D., & Wallinga, J. (2020). Incubation period of 2019 novel coronavirus (2019-nCoV) infections among travellers from Wuhan, China, 20-28 January 2020. *Euro Surveill*, 25(5). <https://doi.org/10.2807/1560-7917.ES.2020.25.5.2000062>

Baum, S. G. (2020). Adult Multisystem Inflammatory Syndrome Associated with COVID-19. *NEJM*. <https://www.jwatch.org/na52622/2020/10/21/adult-multisystem-inflammatory-syndrome-associated-with-covid-19>

BD Veritor. (2020). *Veritor™ System* <https://www.fda.gov/media/139755/download>

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# Routine Testing Management

# How it Works

- Avalon proprietary software (APEA) is used to administer MVP policies
  - Avalon does not use Utilization Management and/or Medical Necessity
- APEA edits are applied post-service and pre-payment
- APEA applies to all outpatient lab testing
  - ER/Inpatient/Observation claims are out of scope
- APEA advice is provided in accordance with:
  - AMA CPT and HCPCS coding and ICD-10 diagnosis coding guidelines
  - Other laboratory and pathology coding guidelines
  - All applicable regulatory guidelines
  - “Fixed” coverage criteria found in MVP’s policy

# Tools

# Resources: Trial Claims Advice Tool

The *Trial Claim Advice Tool* provides a means for Providers to evaluate Advanced Practice Education Associates (APEA) edits by returning decision advice on a simulated claim's compliance with MVP's policies. This tool is for simulation purposes only and the results of this tool are not a guarantee of how an actual claim may adjudicate.

Providers can access the Trial Claims Advice Tool by *Signing in* to their Provider Online Account at **[mvphealthcare.com/providers](https://mvphealthcare.com/providers)** and selecting *Trial Claims Advice Tool* under the *Claims* section.



# References

# References

1. U.S. Clinical Laboratory Industry Forecast & Trends 2018-2020, [www.laboratoryeconomics.com](http://www.laboratoryeconomics.com)
2. Forsman, RW . Why is the laboratory an afterthought for managed care organizations? Clin Chem 1996;42:813–6
3. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0078962>
4. The Landscape of Inappropriate Laboratory Testing: A 15-Year Meta-Analysis  
Zhi M, Ding EL, Theisen-Toupal J, Whelan J, Arnaout R (2013) The Landscape of Inappropriate Laboratory Testing: A 15-Year Meta-Analysis. PLOS ONE 8(11): e78962. <https://doi.org/10.1371/journal.pone.0078962>
5. Shrank WH, Rogstad TL, Parekh N. Waste in the US Health Care System: Estimated Costs and Potential for Savings. JAMA. 2019



# Summary

# Summary

*“The Goal of the Laboratory Benefit Management Program Is to Implement a Solution to Support Appropriate Laboratory Science and Provide the Appropriate Care for Our Members”*



## **The Laboratory Benefit Management program:**

- Is centered on laboratory science
- Uses evidence-based policies that ensure the right test is ordered to inform the right care
- Promotes consistency of routine testing across all patients and places of service
- Supports education of Participating Providers to increase policy adherence
- Improves Member quality, access and affordability of lab care
- Enhances the MVP Member health care experience

# Questions?

If you have questions about the MVP Routine Lab Management Program,

**Contact:** Your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at **1-800-684-9286**

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