CompuNet CLINICAL LABORATORIES

COMPUNET

CONNECT

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LABORATORY TEST COVERAGE AND BILLING

All insurance carriers, including federal programs (Medicare, Medicaid) and commercial plans, strictly adhere to policies that define the covered scope of laboratory services. Coverage is predicated on the principle of documented medical necessity.

To facilitate a smooth billing process and prevent patient billing complications, please verify that all submitted lab orders contain ICD-10 codes that precisely and accurately represent the patient's signs, symptoms, or underlying conditions requiring the specific testing and answer the question, "Why Am I Ordering This Test Today?"

Example for illustration purposes only (does not imply coverage)
Test: Urine Culture
Diagnosis Code: Prostate Cancer or Urinary Frequency

While the patient may have prostate cancer, the reason the Urine Culture is being ordered on the date of service is to rule out a UTI based on the symptom of urinary frequency. Both diagnosis codes could be submitted, and the insurance carrier will determine which ICD-10 code is acceptable.

URINE MICROSCOPIC EXAM FOR EOSINOPHILS BEING DISCONTINUED (LAB4043)

Effective 10/01/2025, CompuNet will no longer perform Urine Microscopic Exam for Eosinophils. The test will be removed from the EPIC inpatient and ambulatory lists (LAB4043).

Why? In recent decades, studies have found that urine eosinophils are too insensitive and nonspecific to confirm or exclude the diagnosis of acute interstitial nephritis (AIN) in patients with acute kidney injury (AKI). Furthermore, reliance on urine eosinophils can lead to misdiagnoses, delayed treatment, and unnecessary costs.

Alternatives – The Society of Hospital Medicine recommends consideration of the following steps in place of the urine eosinophil test:

- History of recent exposure to a classic offending drug (e.g., beta-lactam, proton pump inhibitor, nonsteroidal anti-inflammatory drug) in combination with the classic triad of fever, rash, and peripheral eosinophilia suggests an AIN diagnosis (less than 5% to 10% of patients present with this triad).
- If other causes of AKI have been excluded, stop a potential offending agent and monitor for improvement.
- If a culprit drug cannot be safely discontinued or if kidney function continues to deteriorate, consider nephrology consultation.

For any questions please reach out to Catherine Hoesl MT(ASCP), System Technical Director Hematology at cchoesl@compunetlab.com.

References
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