



**December 15, 2022**

UnityPoint Health Finley Hospital Laboratory complies with all guidelines set forth by the Federal Office of Inspector General (OIG). The Center for Medicare and Medicaid Services (CMS) and the Department of Health and Human Services (DHHS). These guidelines require the laboratory to send annual written notification to providers outlining policies and procedures for the ordering and billing of tests for Medicare beneficiaries. Please review this information carefully and share it with your staff, particularly your laboratory and billing staff if applicable.

#### ORDERING LABORATORY TESTING

42 CFR 410.32 states "All diagnostic laboratory tests must be ordered by the physician who is treating the beneficiary and who uses the result in the management of the beneficiary's specific medical problem". 42 CFR 410.33 states "The order must specify the diagnosis or other basis for the testing".

#### MEDICAL NECESSITY

Section 1862(a)(1) of the Social Security Act of 1967 state that "Medicare will only pay for those tests it determines to be reasonable and necessary for the diagnosis or treatment of an illness or injury...".

#### PLEASE BE AWARE:

- Medicare does not pay for routine screening tests.\* A routine screening test is defined as one requested in the absence of any signs or symptoms of disease.  
\*(the following screening tests are covered with specific coverage rules: Pap, PSA, occult blood, glucose, and lipid panel)
- Medicare will only pay for Organ and Disease Panels if all tests in the panel are reasonable and necessary.
- Some tests (screening PSA, screening pap, Hemoglobin A1c and Lipid Panel) are limited by frequency and are covered by Medicare based on the frequency limits set.

The Advanced Beneficiary Notice of Non-coverage (ABN) should be used whenever tests are ordered with a diagnosis code that does not meet medical necessity guidelines as set by a state (Local Coverage Determination-LCD) or federal (National Coverage Determination-NCD) policy and/or when the test has a frequency limit. When specimens are collected in your office and referred to UPH Finley Laboratory it is your responsibility to obtain the ABN and either send a copy to the lab with the specimen or notify the lab that an ABN is on file in your office. If Medicare denies payment due to medical necessity or because an appropriate ICD-10 code was used and ABN is not on file, it is UPH Finley's policy to send your office a follow-up form requesting the appropriate billing information.

#### PANELS

UnityPoint Health Finley Laboratory offers only the following CPT defined panels and does not offer custom panels.

Medicare will only pay for Organ and Disease Panels if all tests in the panel are reasonable and medically necessary; multiple ICD-10 codes should be considered when ordering panels.

PANELS	CPT
<b>Basic Metabolic Panel (BMP)</b> CO2, Calcium, Chloride, Creatinine, Glucose, Potassium, Sodium, Urea Nitrogen (BUN), eGFR, calculated anion gap Note: Glucose has an LCD/NCD Policy	80047
<b>Electrolyte Panel</b> Sodium, Potassium, Chloride, CO2	80048
<b>Comprehensive Metabolic Panel (CMP)</b> Albumin, ALT, AST, Bilirubin Total, CO2, Calcium, Chloride, Creatinine, Glucose, Alkaline Phosphatase, Total Protein, Urea Nitrogen (BUN), Sodium, Potassium, eGFR, calculated anion gap, Albumin/Globulin ratio (A/G ratio) Note: Glucose has an LCD/NCD policy.	80051
<b>Lipid Panel</b> Cholesterol, Triglycerides, HDL, Calculated LDL	80061
<b>Hepatic Function Panel</b> Albumin, ALT, AST, Bilirubin Total & Direct, Alkaline Phosphatase, Total Protein	80076
<b>Renal Function Panel</b> Albumin, Calcium, CO2, Chloride, Glucose, Phosphorus, Potassium, Sodium, Urea Nitrogen (BUN), calculated anion gap Note: Glucose has an LCD/NCD policy.	80069

#### REFLEX TESTING

Reflex testing occurs when initial test results are positive or outside normal parameters and indicate that a second related test is medically appropriate. Finley will bill Medicare for the reflex testing using the CPT code listed. Medicare reimbursement will be at the Medicare Fee Schedule amount or less (if the UnityPoint Health price is less).

TEST	CPT
<b>MRSA Nasal Screen by PCR</b> Reflexes if indeterminate to: MRSA Nasal Culture	86038 87641
<b>Lipid Panel</b> Reflexes if triglyceride is $\geq 400$ to: LDL, Direct	80061 83721
<b>Antibody Screen</b> Reflexes if positive to: Antibody ID. If ordered as Group, Type, Screen then reflexes to 2 unit crossmatch Reflexes if first time positive to: Antibody ID and Antigen Typing	86850 86870 86870/86905
<b>RH Immune Globulin Workup – Fetal Screen</b> Reflexes to ABO/Rh on mother (if not already done) Reflexes if positive to: Fetal Hemoglobin Stain (Kleihauer-Betke) Reflexes if no history to: ABO/Rh type	85461 86900/86901 85460 86900/86901

<b>ABO type / Rh type by Gel</b> Reflexes if there is no historical type to: ABO/Rh type verification by Tube method	86900/86901 86900/86901
<b>Blood Bank to hold</b> Reflexes if no historical type to: ABO/Rh type	36415 86900/86901
<b>Vancomycin Resistant Enterococcus (VRE) by PCR</b> Reflexes if indeterminate to: VRE screen, rectal/stool	87500 87081
<b>Group B Strep by PCR</b> Reflexes if indeterminate to: Group B Strep Culture	87653 87081
<b>Clostridium difficile by PCR</b> Reflexes if presumptive positive or indeterminate: Clostridium difficile toxin A & B, by EIA	87493 87324
<b>Blood Culture</b> Reflexes it positive to: Blood Culture Identification Panel by PCR	87040 87154
<b>TSH Cascade</b> Reflexes if outside the reference range to: Free T4	84443 84439
<b>Syphilis IgG/IgM with Reflex</b> Reflexes if positive or equivocal to RPR, Qual and possibly Treponema Pallidum Ab by TPPA	87680 86780 86593
<b>Hepatitis B Surface Antigen</b> Reflexes if HBsAg Index Value is >1.0 but <50.0 to: HBsAg Confirmation by neutralization	87340 87341
<b>Hepatitis C Antibody</b> Reflexes if positive or equivocal to: HCV confirmation by Reverse Transcription PCR	86803 86804
<b>HIV Antibody Screen (HIV Ab)</b> Reflexes if HIV Ab Index Value is $\geq 1.0$ to: HIV confirmation & differentiation of HIV-1/HIV-2	86703 86689
<b>Urinalysis with Reflexive Testing</b> Reflexes to a microscopic exam if: Clarity is cloudy/turbid OR Positive for blood (Trace - 4+) OR Protein $\geq 30$ mg/dL OR Nitrite positive OR Leukocyte esterase positive  A Urine Culture reflexes if: WBC >5/hpf, OR Moderate bacteria OR Nitrite positive Leukocyte esterase positive	81000 81001        87088

Attached is a copy of UnityPoint Health St. Luke's Hospital Reflex Testing Guidelines Annual Notice. The Finley laboratory refers testing to St. Luke's so it is appropriate to also review this document.

### STANDING ORDERS

UnityPoint Health Finley Laboratory discourages the use of standing orders. For those situations where a standing order may be appropriate, i.e., long term use of high-risk medication requiring frequent monitoring, a Standing Order General Policy has been developed. Finley staff will review all standing orders every six months and physicians will be asked to review the current standing order and indicate in writing if the standing order is to be cancelled or a new standing order be generated. All standing orders must be accompanied with an appropriate ICD-10 diagnosis code.

We hope this information will be useful for you and your staff as we work together to comply with Medicare regulations. Please feel free to contact us should you have any questions regarding this communication.

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