

December 29, 2024

Re: Annual Physician Letter

UnityPoint Health (UPH) 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.

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...".

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. Medicare has exceptions to this rule following strict frequency limits. For a list of those tests, refer to [MLN006559 – Medicare Preventive Services](#).

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 an ABN is not on file, it is UPH Finley's policy to send your office a follow-up form requesting the appropriate billing info.

PANELS

All panels offered by the UPH Finley Laboratory are Medicare designated panels. Custom panels are not offered.

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.

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.

Testing not performed within UnityPoint Health and are referred to an outside reference laboratory may perform reflex testing as part of their testing protocol. Those tests are not listed in this document. Consult the laboratory if questions or problems arise from reflex testing at reference laboratories.

STANDING ORDERS

UPH 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. All standing orders are reviewed 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.

The full lab test menu is located at <https://unitypointfinley.testcatalog.org/>. This site includes information on the approved panels and reflex tests previously mentioned as well as Current Procedural Terminology (CPT) codes.

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

TESTS PERFORMED AT FINLEY	CPT
MRSA Nasal Screen by PCR Reflexes if indeterminate to: MRSA Nasal Culture	86038 87641
Lipid Panel Reflexes if triglyceride is ≥ 400 to: LDL, Direct	80061 83721
Antibody Screen 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
RH Immune Globulin Workup – Fetal Screen Reflexes to ABO/Rh on mother (if not already done) Reflexes if positive to: Fetal Hemoglobin (KB) Stain Reflexes if no history to: ABO/Rh type	85461 86900/86901 85460 86900/86901
ABO type / Rh type by Gel Reflexes if there is no historical type to: ABO/Rh type verification by Tube method	86900/86901 86900/86901

Blood Bank to hold Reflexes if no historical type to: ABO/Rh type	36415 86900/86901
Group B Strep by PCR Reflexes if indeterminate to: Group B Strep Culture	87653 87081
Clostridium difficile by PCR Reflexes if presumptive positive or indeterminate: Clostridium difficile toxin A & B, by EIA	87493 87324
Blood Culture Reflexes if positive to: Blood Culture Identification Panel by PCR	87040 87154
TSH Cascade Reflexes if outside the reference range to: Free T4	84443 84439
Syphilis IgG/IgM with Reflex Reflexes if positive or equivocal to RPR, Qual and possibly Treponema Pallidum Ab by TPPA	87680 86780 86593
Hepatitis B Surface Antigen Reflexes if HBsAg Index Value is >1.0 but <50.0 to: HBsAg Confirmation by neutralization	87340 87341
Hepatitis C Antibody Reflexes if positive or equivocal to: HCV confirmation by Reverse Transcription PCR	86803 86804
HIV Antibody Screen (HIV Ab) Reflexes if HIV Ab Index Value is ≥ 1.0 to: HIV confirmation & differentiation of HIV-1/HIV-2	86703 86689
Urinalysis with Reflexive Testing Reflexes to a microscopic exam if: Positive for blood (Trace - 4+) OR Protein ≥ 30 mg/dL OR Nitrite positive OR Leukocyte esterase positive A Urine Culture reflexes if: WBC >10/hpf	81000 81001 87088
TESTS PERFORMED AT ST. LUKE'S CEDAR RAPIDS	
Anaerobic Culture (source varies) Reflexes if Positive to Anaerobic Identification	87075 87076
Culture (source varies) Reflexes if Pathogen identified to Organism ID	Varies 87077
Culture (source varies) Reflexes if Pathogen identified to Antibiotic Sensitivity	Varies 87186
Culture (source varies) Reflexes to a Gram Stain for sources: Body Fluid, Cerebral	Varies 87205

Spinal Fluid, Eye, Fungus, Genital/Vaginal, Respiratory (Nose/Sputum), Tissue, Wound	
Acid Fast Culture Reflexes if Positive to Mycobacterium Identification	87116 87118
Fungal Culture Reflexes if Positive to Fungal Identification	87102 87106
FilmArray Stool Panel Reflexes if Positive for C. diff to C. diff toxin A & B, by EIA	87507 87324
ANA (Antinuclear Antibody) If ANA Screen is Positive, Reflexes to Anti-DNA Screen and ENA Profile	86038 86225/86235
Allergen Peanut with Reflex If Peanut is Positive, Reflexes to ARA H1, ARA H2, ARA H3, ARA H8, ARA H9	86003 86008
Allergen Milk with Reflex If Milk is Positive, Reflexes to Alpha-lactoalbumin, beta-Lactoglobulin and casein	86003 86008
Allergen Egg White with Reflex If Egg White is Positive, Reflexes to Ovalbumin & Ovomuroid	86003 86008
Lyme IgG, IgM Antibody If antibody is positive or equivocal, reflexes to confirmation by Western Blot	86618 86617
Protein Electrophoresis Dependent on the pathology interpretation, may reflex to Immunofixation Electrophoresis	84165 86334
PAP If initial screen is abnormal, then reflexes to a Pathologist Review	88175 88141
HPV (Human Papillomavirus) If screening PAP with reflex requires ASCUS Pap Screening or ASC-H Pap screening, then reflexes to HPV test	88175 87621
HPV (Human Papillomavirus) with reflex to pap If positive, reflexes to pap	87624 88142 (if appropriate)
TESTS PERFORMED AT PATHOLOGY LABORATORY – ANKENY	
Celiac Serology Cascade (>2 years of age)	82784 86364 86258
Celiac Serology Cascade (<2 years of age)	86364 86258

