

**APPENDIX E**

**REGULATIONS CONCERNING  
OUTPATIENT MEDICARE LABORATORY TESTING**

Beginning January 1, 1998, Medicare changed the rules on coding, billing, and paying claims for many automated chemistry analytes. The procedures may be billed using their individual CPT code, one of the seven panels below, or a mix of both. When the panels below are ordered, they may be billed by their CPT code, or the component tests may be billed individually (in the latter instance the local Medicare contractor will re-bundle the claim prior to payout). Restrictions on reflex testing require prior physician knowledge and documented approval of the procedures done as part of the reflex. The ChristianaCare order forms aid in making this documentation easy for the ordering physician by listing those tests which are reflexed automatically on the back of the form. Appropriate diagnosis codes will be required for the tests ordered. Forms have places for four such codes as needed. If a code is used which is not appropriate for the test ordered, the claim will be rejected. If no codes or diagnoses are present and/or the narrative diagnoses are known to not be on the approved lists, the physician will be notified and the patient will be required to sign an Advance Beneficiary Notice (ABN) which means that the bill will be submitted to CMS for reimbursement, however, in the event that it is not reimbursed, the patient will bear the cost of the laboratory test. The ChristianaCare outpatient requisition form carries the corresponding CPT code for each of the most frequently ordered tests.

CPT CODE	APPROVED AUTOMATED TEST PANELS	CPT CODE	APPROVED AUTOMATED TEST PANELS	CPT CODE	APPROVED AUTOMATED TEST PANELS
<b>80047</b>	<b>Basic Metabolic Panel, Ionized Calcium</b>	<b>80053</b>	<b>Comprehensive Metabolic Panel</b>	<b>80069</b>	<b>Renal Function Panel</b>
82330	Calcium, Ionized	82040	Albumin	82040	Albumin
82374	Carbon dioxide	82247	Bilirubin, total	82310	Calcium
82435	Chloride	82248	Bilirubin, direct	82374	Carbon dioxide
82565	Creatinine	82310	Calcium	82435	Chloride
82947	Glucose	82435	Chloride	82565	Creatinine
84132	Potassium	82565	Creatinine	82947	Glucose
84295	Sodium	82947	Glucose	84100	Phosphorus
84520	Urea nitrogen	84075	Alkaline phosphatase	84132	Potassium
		84132	Potassium	84294	Sodium
<b>80048</b>	<b>Basic Metabolic Panel</b>	84155	Protein, total	84520	Urea Nitrogen
82310	Calcium	84295	Sodium		
82374	Carbon dioxide	84450	AST (SGOT)	<b>80076</b>	<b>Hepatic Function Panel</b>
82435	Chloride	84520	Urea nitrogen	82040	Albumin
82565	Creatinine			82247	Bilirubin, total
82947	Glucose	<b>80061</b>	<b>Lipid Profile</b>	82248	Bilirubin, direct
84132	Potassium	82465	Cholesterol	84075	Alkaline phosphatase
84295	Sodium	83718	HDL	84155	Protein, total
84520	Urea nitrogen	84478	Triglycerides	84450	AST (SGOT)
				84460	ALT (SGPT)
<b>80051</b>	<b>Electrolyte Panel</b>	<b>80074</b>	<b>Acute Hepatitis Panel</b>		
82374	Carbon dioxide	86709	Hepatitis A antibody, IgM		
82435	Chloride	86705	Hepatitis B core antibody, IgM		
84132	Potassium	87340	Hepatitis B surface antigen, HBsAg		
84295	Sodium	86803	Hepatitis C antibody		

**REFLEXED TESTS**

Factor Inhibitor	Any factor inhibitor test that is ordered will have the appropriate factor activity test performed.
Specialized Coagulation Test	Many specialized coagulation tests are ordered as a single test (e.g., Factor VIII). In order to determine the integrity of the sample, as well as to rule out the presence of heparin, a screening PT/PTT will be performed on any sample if necessary.
XMDIC	If heparin is still present after the first extraction, a second heparin extraction will be performed.
PTMX/PTTMX	A PT will be performed when a PTMX is ordered. If the PT is normal, the PTMX will be cancelled. A PTT will be performed when a PTTMX is ordered. If the PTT is normal, the PTTMX will be cancelled. A TT will be ordered on all PTTMX samples that do not correct.
C&S	Identification and susceptibility testing
UA	A microscopic analysis will be performed on any urine which tests positive for blood, protein, leukocyte esterase, or nitrites, or cloudy.
UAREF	Specimens ordered for UA with reflex to urine culture (UAREF) will be sent to Microbiology for culture when the specimen is positive for leukocyte esterase and/or nitrite on the dipstick, microscopic bacteria count moderate to many, and/or WBC count > 10/hpf.
Lyme Antibody	All positive results are confirmed by Immuno Blot
CBC with diff	CBC with manual diff will be performed if automated diff parameters cannot be reported.
Manual Diff	Order for a manual differential includes a CBC
Concentrated Diff	Order for a concentrated differentials on body fluid includes a cell count.
Blood Parasite Screen	All positive screen results are sent out to a reference lab for identification by PCR test.
Thyroid Cascade, Serum	T4 (thyroxine), free will be performed if TSH is abnormal.
Cryoglobulin	Positive screen will be quantified.
Obstetric Urine Drug Screen (OBDRG)	A confirmatory test by Liquid Chromatography – Tandem Mass Spectrometry (LC-MS-MS) will be ordered if any of the following analytes are positive in the initial screen: Amphetamines, Barbiturates, Cocaine, Fentanyl, Opiates, and Oxycodone.
The following tests will have a quantitation performed if the qualitative result is positive.	
	ANA      DNA Antibodies      Cryptococcal Antigen      VDRL      RPR (confirmatory test also performed)
HIVRP/HIVRD	All preliminary positive HIV Rapid results are reflexed to HIVD (HIV-1/2 Ag/Ab Combo Test)
HIV/HIVD	All positive serological results are reflexed to HIVDI (HIV 1/2 Differentiation Assay)
HTLVII	All positive results are reflexed to HTLVW (Western Blot Confirmatory Testing)
HCV	All positive results are reflexed to HCVQT (HCV Quantitative Assay)

HBSAG	All positive results are reflexed to HBVCF (HBSAG Confirmatory Neutralization Test)
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If there are any questions, contact Dr. Mary Iacocca, Chairperson, or Terri Corbo, Senior Vice President for Clinical Essential Services at: 733-3633.

Revised 7/19/22 – Added Specialized Coagulation Test, Concentrated Diff, Blood Parasite Screen, OBDRG and Cryoglobulin reflexes. Removed Urine Myoglobin and Celiac Panel reflexes.

Revised 1/29/19 – Added Factor Inhibitor, XMDIC, UAREF, UMYO; Removed PT/PTT/TT, ACA, CIR, DIC; changed “any degree of turbidity” to “cloudy” for UA.  
Added – HIVRP/HIVRD, HIV/HIVD, HTLVII, HCV, HBSAG; Removed C-diff, Antigen Pos Toxin Neg.

Revised 9/9/14

Revised 7/30/14

Revised 1/11/13 – Added C-diff Antigen Pos, Toxin Neg Reflex

Revised 12/1/13