

Saint Luke's Regional Laboratories (SLRL) must comply 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 provide annual written notification to physicians 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.*

Medical Necessity

- 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 with the exception of those tests listed at www.medicare.gov/coverage/preventive-and-screening-services.html
- Medicare will only pay for Organ and Disease Oriented Panels if all tests in the panel are reasonable and necessary.
- Some tests are limited by frequency and are covered by Medicare based on the frequency limits set.

Advanced Beneficiary Notice (ABN)

An ABN should be used when tests are ordered with a diagnosis code that does not meet medical necessity guidelines as set by the state (Local Coverage Determination) or federal (National Coverage Determination) policy and/or when the test has a frequency limit.

Organ and Disease Oriented Panels

- SLRL offers only Medicare defined panels and does not offer custom panels.
- Medicare will only pay for these panels if all tests in the panel are reasonable and medically necessary; multiple ICD codes should be considered when ordering panels.
- Do not order two or more panel tests that include any of the *same* components from the same patient collection. Instead, order the panel that incorporates the greater number of tests and order the remaining tests individually.

SLRL offers the following panels:

Panel	Components
Basic Metabolic	Glucose, BUN, Creatinine, Sodium, Potassium, Chloride, CO ₂ , Calcium
Comprehensive Metabolic	Glucose, BUN, Creatinine, Sodium, Potassium, Chloride, CO ₂ , Calcium, Total Bilirubin, Total Protein, Albumin, ALT, AST, Alkaline Phosphatase
Electrolytes	Sodium, Potassium, Chloride, CO ₂
Renal Function Panel	Albumin, Glucose, BUN, Creatinine, Sodium, Potassium, Chloride, CO ₂ , Calcium, Phosphorous
Hepatic Function (Liver)	Albumin, Bilirubin Total & Direct, Alkaline Phosphatase, ALT, AST, Total Protein
Hepatitis Panel (Acute)	Hepatitis A Aby (IgM), Hepatitis B Core Aby (IgM), Hepatitis B Surface Antigen, Hepatitis C Aby, SCO Ratio
Lipid Panel	Cholesterol, HDL, LDL(calc), Triglycerides, Chol/HDL Ratio, Non HDL Chol

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. The following tests may have reflex testing performed at an additional charge when additional information is needed to treat or diagnosis the patient.

	Test	Reflex Criteria	Reflexed Test/s	CPT Code/s
Coagulation/ Hematology	APC	Abnormal APC	Factor V Leiden	81241
	APC	PTT >200 sec.	APC canceled; Perform Factor V Leiden	81241
	Protein C Activity	Low Protein C Activity	Protein C Antigen	85302
		PTT > 110 sec but < 200 sec	Protein C Activity canceled; Perform Protein C Antigen	85302
	Protein S Activity	PTT > 110 sec but < 200 sec	Protein S Activity canceled; Perform Protein S Antigen Free If Free S is low, perform Total S	85306, 85305
		Low Protein S Activity	Protein S Antigen Free and Total	85306, 85305
	HexPhase	Negative HexPhase	DRVVT	85613
Platelet Function Screen (PFA)	Abnormal PFA	Platelet Aggregation studies performed if remaining specimen quantity is sufficient	85576 x5	
		DRVVT as part of APL Panel	Positive DRVVT	Hexphase
Micro	UA Reflex	Nitrite Positive or WBC ≥ 11 or WBC 6-10 and Protein ≥ 30	Urine culture	87086
	Cultures	Clinically significant organisms	ID, Susceptibility, Etest, Betalataamase, Staph ID, Strep ID	87088, 87077, 87186, 87184, 87181, 87185, 87147
	Blood Culture Gram Stain	Gram negative rods, yeast and/or gram positive cocci	Identification by PCR	87150 (Staph ID) or 87801(Strep, Yeast, gram negative rods)
	Strep Screen	Negative strep screen	Strep grouping ID, if applicable	87147 x 1- 5
	CMV IgM	Positive	Confirmation by Neutralization	86382
	RPR Quantitative	Positive	FTA (if not previously performed)	86780
Mycology	Cultures	Clinically significant organisms	Identification	87106, 87107, 87149
Mycobacteriology	Cultures	Clinically significant organisms	Identification	87118, 87149
Chemistry	THY CAS (Thyroid Cascade)	Abnormal TSH	T4 free; If T4 free normal and TSH was low, reflex TT3	84439 / 84480
	HIV AG/ABY	Positive	HIV Multispot	86701,86702
	Protein Electrophoresis, serum and urine	Band with no previous monoclonal result	Immunofixation serum / urine	86334 / 86335
	ANA	Positive	ANA Quantitative	86039
	ANCA PL	Positive MPO and/or PR3	ANCA Quantitative	86256
	Hepatitis B Surface Ag	Positive	Confirmation by Neutralization	87341
	Lactate	Lactate >2	Repeat lactate will be collected 3 hours after the initial draw. Lactates will continue to cascade until normalization. If provider desires to cancel the cascaded lactate orders, they must contact the laboratory.	83605

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	Test	Reflex Criteria	Reflexed Test/s	CPT Code/s
Urinalysis	Urinalysis	Hgb ≥ small or Protein ≥ 100 or Nitrite Positive or Leukocyte Esterase Positive	Urinalysis canceled; Urinalysis with microscopy performed	81001
	UA Reflex			
Urine Drug Screen	TOX SCREEN	Positive urine drug screens	Confirmation (Confirmation only performed on ED patients if requested) TCA is not confirmed	Drug specific quantitative CPT code
Blood Bank	Antibody Screen	Positive antibody screen	May result in the following: r set, ABID, DAT, DAT IGG, DAT C3, Elution; antigen typings (AGP, AGU); Cold antibody screen, pre-warmed screen, PEG & LISS antibody screens	86860, 86870, 86880, 86860, 86902, 86905
	Antibody Screen	Positive	Antibody ID	86870
	Fetal Screen	Positive	Kleihauer	85460
	ABORH Type	Discrepancy between forward & reverse type	May result in A1 typings, ABID	86870
	DAT	Positive & transfused in the past 3 months	DAT IGG & DAT C3, & Elution	86880x2, 86860
	Crossmatch	Clinically significant antibody	AGU (antigen typings)	86902
		Positive auto control on an Antibody ID	DAT IGG & DAT C3, & Elution	86680x2, 86860
	Antibody Screen/Antibody ID	Clinically significant antibody on OB patient	Antibody Titer	86886
	Crossmatch	Sickle cell patient; Warm autoimmune hemolytic anemia patient	Antigen typings for C, E, K, Fya on patient & on units for all antigens patient is negative for; plus sickle screen on the units; Antigen matched blood.	86902, 86905

In addition, some testing is sent out to specialty laboratories that perform medically appropriate reflex testing. If additional help is needed choosing appropriate testing or determining which tests prompt reflex testing, please use the SLRL Lab Test Directory or contact our Client Services department at 816-932-3850.

Standing Orders

For those situations where a standing order may be appropriate, i.e., long term use of high-risk medication requiring frequent monitoring, it is SLRL policy and practice to request in writing an updated standing order on each patient once per year. All Standing Orders must be accompanied with an appropriate ICD code.

Please feel free to contact us if you have any questions regarding this communication.

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