



Creighton Medical Laboratories
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ANNUAL NOTICE TO PHYSICIANS 2009

Creighton Medical Laboratories (CML) is providing physician clients with an annual notice of our commitment to adhere to all federal and state laws and program requirements of federal, state, and private health plans. This annual notice is in compliance with the regulations and requirements of the Office of Inspector General (OIG) of the Department of Health and Human Services, and the Center for Medicare and Medicaid Services (CMS).

The information below is provided to promote awareness of federal regulations and explain your need for documentation when ordering testing services for federally insured patients.

MEDICAL NECESSITY

Medicare will pay only for tests that meet the Medicare coverage criteria and are "reasonable and necessary to treat or diagnose an individual patient". *Section 1862 (a) (1) (A) of the Social Security Act.*

When instructing us to seek Medicare reimbursement, you must order only those tests that you believe to be medically necessary for patient diagnosis and treatment. This includes any and all tests that are components of ordered panels.

As a provider, you are responsible to:

- document medical necessity for each test in the permanent patient medical record
- provide appropriate diagnostic information in the form of ICD-9 code(s) or narrative, with any test(s) for which you instruct us to seek Medicare reimbursement.

As a provider, you are responsible for assuring the completion of an Advance Beneficiary Notice (ABN) in the circumstances outlined below:

ADVANCE BENEFICIARY NOTICES (ABN)

Medicare can deny reimbursement for tests based upon absence of medical necessity, routine health screening, investigational use only tests and frequency limitations. An ABN signed by the patient prior to service is necessary to document that the patient is aware that Medicare might not pay for a test and that the patient has agreed to pay for the testing in the event that Medicare payment is denied.

Medicare frequently denies claims for laboratory tests for the following reasons:

- Medicare does not usually pay for this service for the diagnosis provided.
- Medicare will not pay for research or investigational use tests.
- Medicare does not pay for this service based on frequency limitations.
- Medicare does not pay for most routine screening tests.
- Medicare does not pay for annual physical exams.

If you order a test that you believe Medicare is likely to deny payment on, the laboratory requisition must be accompanied by an appropriately completed ABN. ABN's must be obtained prior to service being performed. Patients presenting directly to the Hospital to have blood drawn will be screened for the necessity of an ABN prior to the phlebotomy. Patients drawn at CML client sites must be screened by the client. If an ABN is necessary, a copy of the completed ABN must be sent to the laboratory with the test requisition and the specimen.

Each ABN must be specific to each laboratory test ordered. Each test must be accompanied by the specific reason that Medicare might not pay for the test. Blanket waivers for all tests ordered on a Medicare patient are not allowed by Medicare and will not be accepted by CML.

Without a signed ABN, the patient has no obligation to pay for the service. When payment for services are denied because of inappropriate medical necessity or lack of ABN documentation, CML will notify the physician client of the issue. CML will document these occurrence issues and your office account will be billed. If you have questions concerning documentation, please contact a Pathologist at (402) 449-4630.

CUSTOM PROFILES

Use of custom profiles is not generally encouraged by CML. If a physician requests CML to customize a test order profile, a signed physician acknowledgement is required from each physician who will be ordering the custom profile. Federal regulations require that acknowledgment forms be signed annually and returned to the laboratory. Custom Profiles for use in the Hospital will require approval by the Medical Staff.

Physician acknowledgements will affirm:

- The custom test order profile was created at the request of the physician(s).
- The physician is informed of the amount Medicare will reimburse for each test included in the custom profile.
- The physician(s) will order individual tests or a less inclusive profile when one or more of the tests in the customized profile is not medically necessary for the patient.

2009 CPT CHANGES

The American Medical Association (AMA) has made 11 additions, 1 deletion, and 11 description changes to the CPT 2009 coding manual that apply to Pathology. A summary of some of the more significant changes impacting CML laboratory services is provided below. There is no phase-in period this year. These changes will be implemented January 1, 2009. If you have questions concerning CPT code changes, please contact a Pathologist at (402) 449-4630.

TEST NAME	2008 CPT CODES	2009 CPT CODES
Myeloperoxidase stain	No previous specific code	80047

REFLEX TESTING


For some laboratory tests, when certain criteria are met, additional testing will be generated to provide more conclusive laboratory information for diagnosis and treatment. The CPT coding will accurately reflect the testing that is performed.

If you determine that reflex testing is not medically necessary; you must indicate this on the requisition by listing only the specific test or component needed or by writing "no reflex" on the requisition.

A list of current reflex testing is attached. CML utilizes outside reference laboratories to perform esoteric testing. These reference laboratories utilize reflex testing. A list of representative panels/tests is attached. If you have any questions regarding reflex testing, please contact a Pathologist at (402) 449-4630.

TESTS PERFORMED IN COMBINATION WITH OTHER LABORATORY TESTS AT CML

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INITIAL TEST	CPT	REFLEX CRITERIA	CONFIRMATORY TEST	CPT
	Examples: 82340, 82436, 82945, 84133, 83735, 84105, 84300, 84156	If a 24 hour urine is tested, a volume must be performed to determine total 24 hour quantity of that analyte	Urine volume	81050
ABO & RH	86900, 86901	Front and back types do not match	A,B or A2 or A1 Lectin	86900, 86905
Antibody screen	86850	Positive results	Antibody identification, titer, direct coombs, elution, absorption, antigen typing, prewarming, enzyme, neutralization	86870 (per antibody), 86886, 86880, 86850, 86977, 86860, 86905, 86903, 86978, 86971, 86975.
Antibiotic Synergy Testing	87181	One antibiotic combination tested	Testing of additional antibiotic combinations	87181 per combination
Antinuclear antibody (ANA)	86038	Positive	ANA titer	86039
Blood Count, Absolute		Laboratory performs and reports all analytic constituents for a blood count	CBC (Hgb, Hct, RBC, WBC, Plt, Auto diff)	85025
Blood Count, individual constituent (e.g., H/H, Platelet)		Laboratory performs and reports all analytic constituents for a blood count	Hemogram (Hgb, Hct, RBC, WBC, Plt)	85027
Body fluid cell count	89050	>5 WBC/ccm	Body fluid cell count and differential	89051, 88108, 80500
Bone marrow	85097, 88305	CBC not ordered	CBC required	85025
Bronchoalvolar Lavage	88112, 89051	Per pathologist order	Pneumocystis smear	87205
CBC	85025	Certain cells on differential	Special stains, buffy coat, sickle identification	88313, 88318, 85009, 85660, 85060
CKMB	82553	Total CK not ordered	Total CK required	82550
Carbon Monoxide	82805		O2 Saturation, Methemoglobin, Reduced Hemoglobin	82375, 83050, 85018
Cryptococcus Antigen	86403		Cryptococcus titer	Plus 86406 if Positive
Culture (bacterial, viral, fungus, AFB)	87040, 87045, 87070, 87071, 87075, 87086, 87102, 87103, 87110, 87116, 87177, 87252, 87274	Certain specimen types, age, or positive growth	Stain, identification, and sensitivity	86403, 87046, 87076, 87077, 87088, 87106, 87107, 87118, 87140, 87147, 87149, 87070, 87176, 87181, 87184, 87185, 87186, 87190, 87205, 87206, 87253, 87254, 87273, 87591, 88312

TESTS PERFORMED IN COMBINATION WITH OTHER LABORATORY TESTS AT CML

INITIAL TEST	CPT	REFLEX CRITERIA	CONFIRMATORY TEST	CPT
Culture, Colonization	87070	Specific organism colonization performed by isolation and identification	None	None
Culture (Respiratory, CSF, Tissue, Fungal, AFB, other)	87070, 87071, 87102, 87103, 87116	Culture and stain/smear performed as panel. Charge added for tissue cultures that must be homogenized	Stain, fungus smear, or AFB smear, homogenization of tissue added when indicated	87205, 87206, 87176
Culture, Stool	87045	Specific isolation of Salmonella and Shigella	Isolation of other enteric pathogens	87046, 87427
Cytopathology fluids	88108, 88112, 88305, 88160, 88161	Per pathologist order	Histologic stains, immunopathologic stains, flow cytometry, image analysis, electron microscopy	88312, 88313, 88318, 88319, 88342, 88346, 88182, 88184, 88185, 88187, 88188, 88189, 88329, 88333, 88334, 88348, 88349, 88360, 88361
Drug screen	80100, 80101	Positive	Confirmation testing	80100, 80102
E test	87181	Multiples driven by organism	Culture and identification testing	Multiples of 87181
Epstein Barr Virus Antibodies		EBV Antibodies to nuclear Ag and viral capsid (IgG & IgM) Ag		86665 x 2, 86664, 86663
Hemoglobin electrophoresis	83020			Includes 83020 x 2 plus 85027, 85060 85460, 83021, 85660 and/or 83030 if abnormal
Hep B Surface Antigen	87340			Plus 87341 if positive
HIV-1	86703	Positive	Western Blot (sendout)	86689
Herpes Simplex Antibody by PCR	87529	Both Herpes Simplex 1 and 2 performed	Herpes Simplex 1 AND 2	87529 (x2 for entire test)
Herpes Simplex Virus by DFA	87274	Both Herpes Simplex 1 and 2 performed	Herpes Simplex 2	87273
Immunofixation electrophoresis (serum, urine)	86334, 86335	Total protein and protein electrophoresis done with immunofixation electrophoresis	Total protein and protein electrophoresis	84155, 84156, 84165
	87400	Both A and B Antibody performed	Influenza Antibody A AND B	87400 (x2 for entire test)
Leukemia/Lymphoma Markers				85025, 88108, 88184, multiples of 88185, plus

TESTS PERFORMED IN COMBINATION WITH OTHER LABORATORY TESTS AT CML

INITIAL TEST	CPT	REFLEX CRITERIA	CONFIRMATORY TEST	CPT
Leukemia/Lymphoma Markers				one of 88187-88189
Lymph Immune Markers	86064, 86359, 86360, 86379	CBC not specifically requested	CBC required	85025
Microalbumin / Creatinine Ratio	None (calculation)	Microalbumin and Creatinine not ordered	Microalbumin, Creatinine	82043, 82570
Organism Identification (for those organisms unable to be identified by routine methods)				Includes any regular organism codes (see previous plus combinations and/or multiples of 83890-83913 depending upon test requested.
Ova and Parasites	87015	Trichrome, Iodine and Auramine O stains always performed	Stains performed	87206, 87209, 87210
Pap smear, liquid fixative	88142, G0123	ASCUS r/o CIN or per pathologist order	HPV testing	87621
Protein electrophoresis				Includes 84165 plus 86334, 86335 if monoclonal protein suspected
Protein electrophoresis (serum, urine, fluid)				Combinations from 84155, 84156, 84165 , 84166, 81001, 81002, 81003, 81050
PSA Free				Includes 84153, 84154
Rapid Strep	87430	Negative	Throat culture	87070
Reticulocytes	85045	Hemogram not ordered	Hemogram	85027
Surgical pathology	88300, 88302, 88304, 88305, 88307, 88309	Per pathologist order	Histologic or immunopathologic stains, flow cytometry, image analysis, electron microscopy, molecular pathology, MSI	88311, 88312, 88313, 88314, 88318, 88319, 88342, 88346, 88182, 88184, 88185, 88187, 88188, 88189, 88329, 88331, 88332, 88348, 88349, 88360, 88361, 88365, 88367, 88368
Syphilis testing	86592	Plus CPT Codes of 86593, 86781 if positive		
Transferrin %	None	Iron and Transferrin	Iron, Transferrin	83540, 84466

84165

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**TESTS PERFORMED IN COMBINATION WITH OTHER LABORATORY
TESTS AT CML**

INITIAL TEST	CPT	REFLEX CRITERIA	CONFIRMATORY TEST	CPT
Saturation	(calculation)	not ordered		
Urinalysis, Chem	81003	Positive blood, protein, nitrites, or leukocyte esterase	Microscopic exam	81001 instead of 81003