HAWAII HEALTH SYSTEMS CORPORATION "Touching Lives Everyday"	*Quality Through Compliance*	**Policy No.:** **FIN 0513**
		Revision No.: N/A
Policies and Procedures	**Issued by:** Corporate Compliance Committee	**Effective Date:** September 15, 2000
Subject: ***Laboratory Urinalysis Procedure***	**Approved by:** Thomas M. Driskill, Jr. President & CEO	**Supersedes Policy:** N/A
		Page: 1 of 3

I. PURPOSE: To bill urinalysis procedures correctly in accordance with Medicare, Medicaid, and other federally funded payor requirements. Urinalysis procedures must not be "unbundled" (i.e., the use of two or more CPT billing codes in lieu of one inclusive code), double billed, or improperly submitted (i.e., for tests not ordered, for tests not medically necessary, etc.).

II. POLICY: Urinalysis procedures, which include multiple tests must not be "unbundled" into component procedures. Only one urinalysis procedure per outpatient per date of service for federally funded programs may be billed. Urinalysis services billed to a federally funded program must be based on a written order and be medically necessary.

III. PROCEDURE: The following steps must be performed so that urinalysis procedures are billed in accordance with Medicare, Medicaid, and other federally funded programs. It is the responsibility of the Chief Financial Officer at each facility to monitor adherence to this procedure.

A. Implementation:

1. Laboratory personnel must review and validate that the appropriate revisions are made to the chargemaster and related Laboratory and Order Entry masterfiles/dictionaries as follows:

   a. Assign CPT/HCPC codes as defined below and attach revenue code 307 in accordance with the UB-92 Manual for urinalysis procedures:

      (1) 181000 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrate, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy.
      (2) 81001 Urinalysis, automated, with microscopy.
      (3) 81002 Urinalysis, non-automated, without microscopy.
      (4) 81003 Urinalysis, automated, without microscopy.
      (5) 81005 Urinalysis; qualitative or semiquantitative, except immunoassays.
      (6) 81007 Urinalysis; bacteriuria screen, by non-culture technique, comm. kit (specify type).

(7) 81015 Urinalysis; microscopic only.
(8) 81020 Urinalysis; two or three glass test.

b. Remove charge explosions from urinalysis procedures.

2. Edits in the electronic billing system which prevent billing of more than one urinalysis procedure per outpatient per date of service for federally funded programs will be established and implemented.

3. All staff/physicians responsible for ordering, charging or billing laboratory services will be educated on the contents of this policy.

4. Establish and implement mechanisms in order for business office personnel to identify intermediary interpretations which vary from the interpretations in this policy. Specific intermediary documentation related to the variance(s) must be obtained and faxed to the Regional Compliance Officer who would report to the Corporate Compliance Officer.

B. Daily:

1. It is recommended, but not required, that laboratory personnel review daily charge reports (e.g., Ancillary Charge Report, NPR charge reports, etc.) to monitor compliance with this policy as follows:

a. Only one urinalysis procedure is billed per outpatient per date of service for federally funded programs. If more than one urinalysis procedure has been charged, bill the most comprehensive procedure.

Examples:

(1) (a) Perform and report automated UA no microscopic.
(b) Dr. adds a microscopic order later in the day.
BILL: CPT code 81001 - Automated UA, with microscopic

(2) (a) Perform a manual UA with microscopic, with abnormal bilirubin results.
(b) Perform a bile confirmation test.
BILL: CPT code 81000 only.

(3) (a) Perform and report automated UA with microscopic and pregnancy test.
BILL: CPT code 81001 and 81025

b. Any exceptions noted on the daily charge reports should be corrected on the individual patient accounts. This will validate that the Accounts Receivable system remains updated with actual billing data.

2. Business office personnel must review electronic billing edit/error reports daily and perform the following:

a. Eliminate duplicate urinalysis procedures for all federally funded payors.

b. Bundle urinalysis components to the most comprehensive procedure code.

c. Modify number of units and related charges in the electronic billing vendor system to reflect the appropriate charge for the procedure being billed.

d. It is recommended but not required to modify number of units and related charges in the accounts receivable system to match the corrected claim in electronic billing system.

   (**Note**: Utilize ancillary charge codes rather than correcting claims with adjustment codes. Corrections made subsequent to final bill should be processed through the patient accounting system late charge cycles.)

   This will validate that the Accounts Receivable system remains updated with actual billing data.

C. Special Considerations: All confirmation tests are included in the urinalysis procedure and therefore are not billed separately.