

 <p>HAWAII HEALTH SYSTEMS CORPORATION <i>"Touching Lives Everyday"</i></p> <p>Policies and Procedures</p>	<p>Quality Through Compliance</p>	<p>Policy No.:</p> <p style="text-align: center;">FIN 0519</p>
		<p>Revision No.:</p> <p style="text-align: center;">N/A</p>
<p>Subject:</p> <p>Laboratory Organ and Disease Panels</p>	<p>Issued by:</p> <p>Corporate Compliance Committee</p>	<p>Effective Date:</p> <p>September 15, 2000</p>
	<p>Approved by:</p> <p>Thomas M. Driskill, Jr. President & CEO</p>	<p>Supersedes Policy:</p> <p style="text-align: center;">N/A</p> <p>Page:</p> <p style="text-align: center;">1 of 6</p>

- I. **PURPOSE:** To bill Organ and Disease panels in accordance with Medicare, Medicaid, and other federally funded payor requirements.
- II. **POLICY:** Only HCFA approved Organ and Disease panels will be offered. Duplicate chemistry components or panels per outpatient per date of service for federally funded programs will not be billed. Chemistry components will only be bundled to the panel level when all of the tests in the panel are ordered and performed. Organ and Disease panels, as well as chemistry components 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 to bill Organ and Disease panels in accordance with Medicare, Medicaid, and other federally funded programs. It is the responsibility of the chief Financial Officer at each facility to guarantee adherence to this procedure.

A. Implementation:

1. Laboratory personnel must review and make sure applicable 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 300 General laboratory services, 301 Chemistry, 302 Immunology, or 305 Hematology in accordance with the UB-92 Manual.

- Albumin, serum 82040
- Bilirubin, total 82247
- Bilirubin, direct 82248
- Bilirubin, total and direct 82251
- Calcium, total 82310

- Carbon Dioxide Content 82374
- Chloride, blood 82435
- Cholesterol, total 82465
- Creatine, blood 82565

- Glucose, quantitative 82947
- Lactate Dehydrogenase (LDH, LD) 83615
- Alkaline Phosphatase 84075
- Phosphorous 84100
- Potassium, serum 84132

- Protein, total 84155
- Sodium, serum 84295
- (AST)(SGOT) 84450
- (ALT)(SGPT) 84460
- Urea Nitrogen (BUN) 84520

- Uric Acid, blood 84550
- Triglycerides 84478
- Creatine Kinase (CK)(CPK), total 82550
- Gamma Glutamyltransferase (GGT) 82977

b Assign CPT /HCPC codes as defined below and attach revenue code 300 General laboratory services, 301 Chemistry, 302 Immunology, or 305 Hematology in accordance with the UB-92 Manual. Set-up the dictionaries or masterfiles to enable the ordering and billing of panels.

1) **80048 Basic Metabolic Panel**

- Carbon Dioxide (82374)
- Chloride (82435)
- Creatinine (82565)
- Glucose (82947)
- Potassium (84132)
- Sodium (84295)
- Urea nitrogen (84520)
- Calcium (82310)

2) **80050 General Health Panel**

- Comprehensive Metabolic Panel (80054)
- Hemogram, automated, and manual differential WBC count (CBC) (85022) or
- Hemogram and platelet count, automated, and automated complete differential
- WBC count (CBC)(85025)
- Thyroid Stimulating Hormone (TSH) (84443)

3) **80051 Electrolytes Panel**

- Carbon dioxide (82374)
- Chloride (82435)
- Potassium (84132)
- Sodium (84295)

4) **80053 Comprehensive Metabolic Panel**

- Albumin (82040)
- Bilirubin, total (82247)
- Calcium (82310)
- ALT (SGPT) (84660)
- Carbon Dioxide (bicarbonate) (82374)
- Chloride (82435)
- Creatinine (82565)
- Glucose (82947)
- Phosphatase alkaline (84075)
- Potassium (84132)
- Protein (total) (84155)
- Sodium (84295)
- Transferase, aspartate amino (AST) (SGOT) (84450)
- Urea nitrogen (BUN) (84520)

5) **80055 Obstetric Panel**

- Hemogram, automated, and manual differential WBC count (CBC) (85022) or
- Hemogram and platelet count, automated, and automated complete differential WBC
- Count (CBC) (85025)
- Hepatitis B surface antigen (HbsAg) (87340)
- Antibody, rubella (86762)
- Syphilis test, qualitative (eg. VDRL, RPR, ART) (86592)
- Antibody screen, RBC, each serum technique (86850)
- Blood Typing ABO (86900) and
- Blood Typing Rh (D) (86901)

6) **80061 Lipid Panel**

- Cholesterol, serum, total (82465)
- Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718)
- Triglycerides (84478)

7) **80069 Renal Function Panel**

- Albumin (82040)
- Calcium (82310)
- Carbon dioxide (bicarbonate) (82374)
- Chloride (82435)
- Creatine (82565)
- Glucose (82947)
- Phosphorous inorganic (phosphate) (84100)
- Potassium (84132)
- Sodium (84295)
- Urea nitrogen (BUN) (84520)

8) **80072 Arthritis Panel**

- Uric acid, blood, chemical (84550)
- Sedimentation rate, erythrocyte, non-automated (85651)
- Fluorescent antibody, screen, each antibody (86255)
- Rheumatoid factor, qualitative (86430)

9) **80074 Acute Hepatitis Panel**

- Hepatitis B surface antigen (HBsAg) (87340)
- Hepatitis B core antibody (HBcAb), IgG and IgM (86705)
- Hepatitis A antibody (HAAb), and IgM (86709)
- Hepatitis C antibody (86803)

10) **80076 Hepatic Function Panel**

- Albumin, serum (82040)
- Bilirubintotal (82247)
- Total Protein (84155)
- Bilirubin direct (82248)
- Phosphatase, alkaline (84075)
- Transferase, asparate amino (AST) (SGOT)(84450)
- Transferase, alanine amino (ALT) (SGPT)(84460)

11) **80090 TORCH Antibody Panel**

- Antibody, cytomegalovirus (CMV) (86644)
- Antibody, herpes simplex, non-specific type test (86694)
- Antibody, rubella (86762)
- Antibody, toxoplasma (86777)

12) **80091 Thyroid Panel (This panel has been deleted . Must bill for each test separately).**

- Thyroxine, total (84436)
- Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR) (84479)

13) **80092 Thyroid Panel with Thyroid Stimulating Hormone (TSH) (This panel has been deleted. Must bill for each test separately)**

- Thyroxine, total (T4) (84436)
- Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR) (84479)
- TSH (84443)

- c. Eliminate CPT codes 80002 - 80019, G0058, G0059, G0060 and related panels and profiles.

- d. The Carrier or Fiscal Intermediary will reimburse Organ and Disease panels based on deleted codes 80002 - 80019, G0058 - G0060. For example Hepatic Function panel will be reimbursed as 80005, since it consists of 5 automated multichannel tests.
2. Edits in the electronic billing system which shall be established and implemented.
 - a. Compare individual components within each panel and edit for duplicate components.
 - b. Compare individual components within each panel to those components not billed as part of a panel and edit for duplicate components.
 - c. Bundle components to the most comprehensive panel level as defined in this procedure.
 3. All staff/physicians responsible for ordering, charging or billing laboratory services will be trained on the contents of this policy.
 4. Establish and implement mechanisms so business office personnel may 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. Compare individual components within each panel and edit for duplicate components.
 - b. Compare individual components within each panel to those components not billed as part of a panel and edit for duplicate components.
 - c. Bundle components to the most comprehensive panel level as defined in this procedure.
2. Business office personnel must review electronic billing edit/error reports daily and perform the following:
 - a. Eliminate duplicate chemistry procedures for individual as well as panel components.
 - b. Bundle chemistry components to the appropriate comprehensive panel.
 - c. Modify number of units and related charges in the electronic billing vendor system to reflect the appropriate charge for the panel 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.