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 rebundle 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 Christiana Care 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 CCHS outpatient requisition form carries the corresponding CPT code for each of the most frequently ordered tests.

### REFLEXED TESTS

**PT/PTT/TT**
- A-line, Hep-line, any line draw with heparin present causing a prolongation of the clotting time will be heparin extracted and re-tested. Both pre-and post-heparin extracted results with be resulted.

**ACA**
- Orders for Antiphospholipid Antibodies include ACA-IgG, ACA-IgM, and Beta-2-Glycoprotein-1 Antibody for optimal thrombosis evaluation.

**CIR**
- Any sample with an elevated TT demonstrating the potential for heparin induced artifact; both pre- and post-heparin extracted testing will be resulted.

**DIC**
- Any sample with an elevated PT/PTT/TT demonstrating the potential for heparin induced prolongation: both pre-and post-heparin extracted testing will be resulted.

**PTMX/PTTMX**
- A PT will be performed when a PTMX is ordered. If the PT is normal, the PTTM will be cancelled. A PTT will be performed when a PTTMX is ordered. If the PTT is normal, the PTM will be cancelled. A TT will be ordered on all PTTMX samples that do not correct.

Many specialized coagulation tests are ordered as a single (e.g. Factor VIII). In order to determine the integrity of the sample as well as to rule out the presence of heparin, it is imperative that a screening PT/PTT be performed. For this reason a PT/PTT will be reflexed ordered on all requests for Factor assays, Hypercoagulable workups, and all Inhibitor studies.

### C&S
- Identification and susceptibility testing

### HIV
- All positive results are confirmed by Western Blot (Send out Laboratory).

### UA
- A microscopic analysis is performed on any urine which tests positive for blood, protein, leukocyte esterase, or nitrites, or shows any degree of turbidity.

### Lyme Antibody
- All positive results are confirmed by Immuno Blot

### C-diff, Antigen Pos, Toxin Neg
- Reflected to C diff PCR

### Celiac Panel
- IgA, Tissue Transglutaminase

### Manual Diff
- Order for a manual differential includes a CBC

### Thyroid Cascade, Serum
- Automatically Reflexes to T4 (thyroxine), free if TSH is abnormal

The following tests will have a quantitation performed if the qualitative result is positive.

- **ANA**
- **RPR** (confirmatory test also performed)
<table>
<thead>
<tr>
<th>Cryptococcal Antigen</th>
<th>VDRL</th>
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<td>DNA Antibodies</td>
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If there are any questions, contact Dr. Gary Witkin, Chairman, or Ms. Cheryl Katz, Vice President for Pathology and Laboratory Services, Department of Pathology and Laboratory Medicine at: 733-3625.

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