



11133 Dunn Road
St. Louis, Missouri 63136

March, 2013

Dear Physician:

Christian Hospital Department of Laboratories is committed to possessing the reliability, honesty, trustworthiness and high degree of business integrity expected of a participant in federally funded healthcare programs. As part of this commitment, our policy concerning profiles and panels is to provide physicians with the flexibility to choose appropriate tests to assure that the convenience of ordering profiles and panels does not distance physicians from making deliberate decisions regarding which tests are truly medically necessary.

To demonstrate our commitment, we provide an annual notice to each of our physician clients advising them that if they order tests for Medicare or Medicaid beneficiaries, they should only order those tests that are medically necessary for each patient. The United States Department of Health and Human Services, Office of Inspector General, takes the position that a physician who orders medically unnecessary tests may be subject to civil penalties. Any clinical laboratory that follows the Model Compliance Plan for clinical laboratories established by the Office of the Inspector General must provide this type of annual notice to its clients.

Explanation of Attachments

As part of this commitment to the government and to you, attached to this letter are lists of the standard organ or disease panels, reflex tests, confirmation tests and profiles available at Christian Hospital Department of Laboratories. The attachment is structured as follows:

1. Attachment 1 lists the American Medical Association's (AMA) organ or disease panels effective January 1, 2013. The panels are broken out to show the individual test components by name and by CPT code. For chemistry tests or profiles containing automated chemistry tests ordered after April 1, 1998, The Centers for Medicare and Medicaid (CMS) has instructed laboratories to examine the profile components and see if they are contained within any of the new organ or disease panels. Laboratories may (a) bill these chemistry tests under the appropriate organ or disease CPT code and bill the other chemistry tests that are not contained within the new organ or disease panel under their own CPT codes or (b) bill each test under its own individual CPT code. Once the Medicare Administrative Contractor (MAC) receives the bill, it counts the number of automated multi-channel chemistry tests that are included in the profile and, for payment purposes re-bundles the tests into the relevant 80002 through 80019 CPT code. The MAC then pays Christian Hospital the established reimbursement amount for that 80002 through 80019 code. The reimbursement amount cannot exceed the CPT code's National Limitation Amount. Please visit these payors' websites to obtain their current fee schedules: Medicare (http://www.cms.hhs.gov/ClinicalLabFeeSched/02_clinlab.asp#TopOfPage); Illinois Medicaid (<http://www.hfs.illinois.gov/feeschedule/>); and, Missouri Medicaid (http://dssapp2.dss.mo.gov/pricelistx/main_disclaimer.html).

Medicare generally does not cover routine screening tests. Visit the CMS website to view the National Coverage Determinations http://www.cms.hhs.gov/mcd/indexlist.asp?list_type
Visit <http://www.wpsmedicare.com> to view the Local Coverage Determinations for our MAC.

2. Attachment 2 lists our standard tests and profiles that contain a confirmation or reflex test(s). The list shows the initial test name, the CPT code, the criteria for performing the confirmation or reflex test(s), the name and CPT code for the confirmation or reflex test(s).
3. Attachment 3 lists certain standard profiles in which every test component is essential to providing a medically valid result. The profile test name, individual test components, and CPT codes are listed.

CPT Coding

Christian Hospital Department of Laboratories bills its test procedures to third party payors, such as Medicare, Medicaid and private insurance, at the same fee it bills patients and in accordance with any specific CPT coding required by the payor. The CPT codes listed in this letter are from the 2010 edition of the Physicians' Current Procedural Terminology, a publication of the AMA. The CPT codes are provided for the information of our clients; however, correct coding often varies from one payor to another. Therefore, these codes should not be used without confirming with the appropriate payor that their use is appropriate in each case.

Missouri Medicaid

Christian Hospital is not permitted to charge MO HealthNet (formerly Missouri Medicaid) for outpatient laboratory testing that is forwarded to an independent referral laboratory that is also a Missouri Medicaid provider, for analysis and not performed by the Christian Hospital Department of Laboratories. In these cases, only the performing laboratory can submit claims for payment. To achieve compliance with this regulation, it is the responsibility of the physician or the submitting institution to provide the patient's complete insurance information to be forwarded to the performing laboratory for billing to the appropriate state department.

Please review this letter and the attachments. If you have any questions or would like to discuss this matter with us, please contact a clinical consultant at the address and phone number listed below.

Thank you for your attention to this matter.

Christian Hospital Department of Laboratories
11133 Dunn Road
St. Louis, MO 63136
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Attachment(s)

- Attachment 1 - AMA Organ or Disease Panels
- Attachment 2 - Standard Reflex/Confirmation Tests
- Attachment 3 - Standard Profiles

AMA Organ or Disease Panels

CPT CODE	DESCRIPTOR and COMPONENTS	CPT CODE	DESCRIPTOR and COMPONENTS
80074 86709 86705 87340 86803	<u>Acute Hepatitis Panel</u> Hepatitis A Antibody, IgM Hepatitis B Core Antibody, IgM Hepatitis B Surface Antigen Hepatitis C Antibody	80076 82040 82247 82248 84075 84155 84460	<u>Hepatic Function Panel</u> Albumin Bilirubin, Total Bilirubin, Direct Phosphatase, Alkaline Protein, total ALT(SGPT)
80047 82330 82374 82435 82565 82947 84132 84295 84520	<u>Basic Metabolic Panel (8 tests)</u> Calcium, Ionized Carbon Dioxide Chloride Creatinine Glucose Potassium Sodium Urea Nitrogen	80061 82465 83718 84478	<u>Lipid Panel</u> Cholesterol, Serum Total Cholesterol, High Density Lipoprotein (HDL) Triglycerides
80048 82310 82374 82435 82565 82947 84132 84295 84520	<u>Basic Metabolic Panel (8 tests)</u> Calcium, Total Carbon Dioxide Chloride Creatinine Glucose Potassium Sodium Urea Nitrogen	80055 85025 87340 86762 86592 86900 86901 86850	<u>Obstetric Panel</u> Complete Blood Count (CBC) Hepatitis B Surface Antigen Rubella Antibody, IgG RPR ABO Rh Antibody Screen
80053 82040 84460 84450 82247 82310 82374 82435 82565 82947 84075 84132 84155 84295 84520	<u>Comprehensive Metabolic Panel (14 tests)</u> Albumin ALT (SGPT) AST (SGOT) Bilirubin, Total Calcium, Total Carbon Dioxide Chloride Creatinine Glucose Phosphatase, Alkaline Potassium Protein, Total Sodium Urea Nitrogen	80069 82040 82310 82374 82435 82565 82947 84100 84132 84295 84520	<u>Renal Function Panel (10 tests)</u> Albumin Calcium Carbon Dioxide Chloride Creatinine Glucose Phosphorus, Inorganic (Phosphate) Potassium Sodium Urea Nitrogen
80051 82374 82435 84132 84295	<u>Electrolyte Panel</u> Carbon Dioxide Chloride Potassium Sodium	80050 80053 85025 84443	<u>General Health Panel</u> CMP Complete Blood Count (CBC) Thyroid Stimulating Hormone (TSH)

Standard Reflex/Confirmation Tests

INITIAL TEST	CPT CODE	REFLEX CRITERIA	REFLEX TEST	CPT CODE
Coma Panel (Serum and Urine) Acetaminophen Drug Screen multiple classes each procedure Salicylates Volatiles Drug screen, each drug class	82003 80100 x3 80196 84600 80101 x11	Drug confirmation on each drug identified.	Acetaminophen, Amphetamines, Barbiturates, Benzodiazepines, Cannabinoids, Carbamazepine, Chlorpheniramine, Doxylamine, Ephedrine/Pseudoephedrine, Ethylchlorvynol, Glutethimide, Lidocaine, Meperidine, Methadone, Methaqualone, Methyprylon, Morphine, Norpropoxyphene, Pentazocine, phencyclidine, Phenothiazine metabolites, Phentermine, Phenylpropanolamine, Phenytoin, Primidone, Propoxyphene, Opiates Quinine/Quinidine, Salicylate, Tricyclics, Tripeleminamine, Volatiles	80102
Drug of Abuse Screen I	80101 x5	Drug confirmation each drug identified.	Amphetamines, Cannabinoids, Cocaine, Opiates, Phencyclidine	80102
Drug of Abuse Screen II	80101 x9	Drug confirmation each drug identified.	Amphetamines, Barbiturates, Benzodiazepines, Cannabinoids, Cocaine, Methadone, Methaqualone, Opiates, Phencyclidine, Propoxyphene	80102
Hemoglobin Fractionation by Electrophoresis	83020 83020- 26	An abnormal Hemoglobin A2 will reflex to "Hemoglobin A2, Blood".	Hemoglobin A ₂ , Blood	82820
Platelet Aggregation	85576	Platelet Aggregation if abnormal high Collagen/Epinephrine will reflex to Collagen /ADP.	Add Collagen/ADP	85576 x2
Antinuclear Antibodies (ANA) Reflex	86038	Will quantitate automatically if ordered as Reflex.	Antinuclear Antibody Titer	86039
Anti-DNA Antibodies (double stranded) Reflex	86225	Will quantitate automatically if ordered as Reflex.	Anti-DNA Titer	86225
Endomysial Antibody	86255	Will quantitate automatically if ordered as Reflex.	Endomysial Antibody titer	86256
Mitochondrial Antibodies, Reflex	86255	Will quantitate automatically if ordered as Reflex.	Mitochondrial Antibodies Titer	86256
Smooth Muscle Antibodies, Reflex	86255	Will quantitate automatically if ordered as Reflex.	Smooth Muscle Antibodies Titer	86256
Cryptococcus Antigen	86403	If positive, results are titered	Cryptococcus Antigen Titer	86406
Rapid Plasma Reagin (RPR)	86592	All reactive results receive a T. pallidum confirmation.	T. pallidum confirmation	86780
RPR Reflex	86592	All reactive results receive a RPR quantitation and T. pallidum confirmation if ordered as Reflex.	RPR Titer T. pallidum confirmation	86593 86780
HIV, Type 1 and 2 Antibodies	87389	All positives reflect to Western Blot for confirmation.	Western Blot	86689
Antibody Screen, Blood	86850	If Screen is positive an Antibody ID panel and Coombs Direct will be done. Possible additional testing: Pre-warm Ab screen &/or Ab ID Ab screen &/or Ab ID Auto-absorption & Ab screen &/or ID Antibody Titer & Ag typing for at least 2 units.	Antibody ID panel Coombs, Direct Prewarm Ab screen Ab ID Ab screen Autoabsorption Autoabsorption Ab Screen Antibody Titer Antigen type on unit	86870 86880 86850 86870 86850 86978 86850 86886 86902

INITIAL TEST	CPT CODE	REFLEX CRITERIA	REFLEX TEST	CPT CODE
Coombs, Direct	86880	If Coombs Direct is positive, both Anti-C3 and Anti-IgG are performed possible elution, antibody screen and/or ID.	Anti-C3 Anti-IgG Possible additional testing: Elution Antibody screen Antibody ID	86880 86880 86860 86850 86870
ABO/RH Type	86900 86901	If there is an ABO discrepancy, an Antibody screen and antibody ID panel will be performed.	Antibody screen Antibody ID Panel	86850 86870
Cross-match (Routine)	86920	If antibody screen is positive, full cross-match is done.	Immediate Spin Technique Incubation Technique Antiglobulin Technique	86920 86921 86922
Hepatitis B Surface Antigen	87340	If no known previous positive HBsAg then reflex to HBsAg Neutralization.	Hepatitis B Surface Antigen Neutralization	87341
Troponin	88484	If result is ≥ 0.5 within 24 hours of hospital admission, a lipid panel is ordered. Any subsequent positive value does not reflex.	Lipid panel (cholesterol, triglycerides, HDL, LDL calculation)	80061
Urine Dipstick Reflex to Microscopic	81003	If protein $\geq +1$, or Blood = Trace, Small, Moderate, Large, or Leucocyte Esterase = Trace, Small, Moderate, Large, or Nitrate= Positive, then reflex to a Microscopic Urinalysis.	Microscopic Urinalysis	81001
TSH with Reflex to FT4	84443	If TSH is < 0.34 or > 5.6 , then reflex to Free Thyroxin.	Free Thyroxin	84439
Lipid Panel with Reflex to Direct LDL	80061	If Triglyceride result is > 400 , then reflex to Direct LDL.	Direct LDL	83721
Pap test, preservative fluid thin layer	88142	If abnormal and requires physician Interp will reflex to Physician Interpretation.	Physician Interpretation	88141
Pap test, Bethesda system	88164	If abnormal and requires physician Interp will reflex to Physician Interpretation.	Physician Interpretation	88141
Pap test, preservative fluid thin layer with Reflex to HPV	88142	If cytologic diagnosis of ASC-US will reflex to HPV In situ hybridization.	HPV In situ hybridization	88365
Pap test, preservative fluid thin layer, with screening by automated method and rescreening	88175	If abnormal and requires physician Interp will reflex to Physician Interpretation.	Physician Interpretation	88141
Pap test, preservative fluid thin layer, with screening by automated method and rescreening with Reflex to HPV	88175	If cytologic diagnosis of ASC-US will reflex to HPV In situ hybridization.	HPV In situ hybridization	88365
Urinalysis with Culture Reflex	81001	A Urinalysis is performed. If it indicates that any one of the following abnormalities (WBC greater than 5/hpf, bacteria of 2+ or more, positive LE dipstick, positive nitrites or positive yeast) are present, the specimen will automatically be cultured.	Urine Culture (See Urine Culture for other codes and further information)	87086
Culture, Anaerobe	87075	If bacteria are detected, up to 3 anaerobes are identified.	Anaerobic identification, each organism Enzyme Detection, each enzyme	87076 87185
Culture, Beta-Strep Throat	87081	Beta-strep (Group A, C, G) identified and/or ruled out when applicable.	Identification, B-strep organism	87147
Culture, Blood, Aerobic	87040	If bacteria are seen each is	Aerobic identification , each organism	87077

INITIAL TEST	CPT CODE	REFLEX CRITERIA	REFLEX TEST	CPT CODE
and Anaerobic		identified.	Anaerobic identification, each organism Yeast identification, each organism Sensitivity, each plate by Minimum Inhibitory Concentration (MIC) and/or Sensitivity, each plate by Kirby-Bauer and/or Sensitivity, each agent by Agar Dilution	87076 87106 87186 87184 87181
Culture, Body Fluids (concentration done)	87070 87015	When multiple organisms are present a Gram Stain will be performed to enumerate neutrophils as a guide to clinical significance of the bacteria growing in culture. If bacteria is detected each is identified. If clinically appropriate drug susceptibility is performed.	Gram Stain (always performed on CSF specimens) Aerobic identification, each organism Sensitivity, each plate by Minimum Inhibitory Concentration (MIC) and/or Sensitivity, each plate by Kirby-Bauer and/or Sensitivity, each agent by Agar Dilution	87205 87077 87186 87184 87181
Culture, Fungus	87102	If a fungal organism is detected it is then identified.	Yeast Identification, each organism Mold Identification, each organism	87106 87107
Culture, Fungus (Hair, Skin and Nails)	87101	If a fungal organism is detected it is then identified.	Yeast Identification, each organism Mold Identification, each organism	87106 87107
Culture, Fungus Blood (concentration done)	87103 87015	If a fungal organism is detected it is then identified.	Yeast Identification, each organism Mold Identification, each organism	87106 87107
Culture, Genital Comprehensive	87070	If pathogens are detected they are identified. Group B and Group A beta strep are identified and/or ruled out. Sensitivity performed if applicable.	Aerobic identification, each organism Identification by agglutination, each antiserum Sensitivity, each plate by Minimum Inhibitory Concentration (MIC) and/or Sensitivity, each plate by Kirby-Bauer and/or Sensitivity, each agent by Agar Dilution	87077 87147 87186 87184 87181
Culture, Genital Neisseria Gonorrhoeae Only	87081	If N. Gonorrhoeae is detected it is identified.	Identification, by agglutination, each organism Enzyme detection, each enzyme	87077 87185
Culture, Genital Strep	87081	Group B and Group A beta strep are identified and/or ruled out. Sensitivity performed if applicable.	Identification by agglutination, each antiserum Sensitivity, each plate by Kirby Bauer	87147 87184
Culture, Herpes	87252	If tissue culture is positive immunofluorescent stain is performed.	Immunofluorescent stain	87253
Culture, Neisseria gonorrhoeae, Rectal	87081	If N. gonorrhoeae is detected it is identified.	Identification, each organism Enzyme detection, each enzyme	87077 87185
Culture, Respiratory, Sputum or Tracheal Aspirate (includes Gram stain)	87070 87205	If a pathogen is detected it is then identified. Sensitivity performed if applicable. All specimens are screened with a Gram Stain and results reported if the specimen passes the screen.	Aerobic identification, each organism Sensitivity, each plate by Minimum Inhibitory Concentration (MIC) and/or Sensitivity, each plate by Kirby-Bauer and/or Sensitivity, each agent by Agar Dilution	87077 87186 87184 87181
Culture, Staph Screen with Sensitivity	87081	If Staph aureus is detected it is identified. Sensitivity performed.	Aerobic identification, each organism Sensitivity, each plate by Minimum Inhibitory Concentration (MIC) and/or Sensitivity, each plate by Kirby-Bauer and/or Sensitivity, each agent by Agar Dilution	87077 87186 87184 87181
Culture, Stool Campylobacter Shiga-like toxin	87045 87046 87427	All Specimens are screened for Salmonella, Shigella, Campylobacter and Shiga-like toxin. Sensitivity performed if applicable.	Aerobic identification, each organism Sensitivity, each plate by Minimum Inhibitory Concentration (MIC) and/or Sensitivity, each plate by Kirby-Bauer and/or Sensitivity, each agent by Agar Dilution Each additional organism requested requiring special set-up	87077 87186 87184 87181 87046
Culture, Throat,	87070	If a pathogen is detected it is then identified. Beta-strep	Aerobic identification, each organism	87077

INITIAL TEST	CPT CODE	REFLEX CRITERIA	REFLEX TEST	CPT CODE
Comprehensive		(Group A, C, G) identified and/or ruled out when applicable. Sensitivity is performed if applicable.	Identification by agglutination, each antiserum Sensitivity, each plate by Minimum Inhibitory Concentration (MIC) and/or Sensitivity, each plate by Kirby-Bauer and/or Sensitivity, each agent by Agar Dilution	87147 87186 87184 87181
Culture, Throat GC Only	87081	If N. gonorrhoeae is detected it is identified.	Aerobic identification, each organism Enzyme detection, each enzyme	87077 87185
Culture, Urine	87086	If a pathogen is detected it is then identified. Sensitivity is performed if applicable.	Sensitivity, each plate by Minimum Inhibitory Concentration (MIC) and/or Sensitivity, each plate by Kirby-Bauer and/or Sensitivity, each agent by Agar Dilution Presumptive ID, each organism Aerobic identification, each organism	87186 87184 87181 87088 87077
Culture, Vancomycin Resistant Enterococcus (VRE)	87081	Sensitivity is performed if applicable. If VRE is isolated, it is identified.	Sensitivity, each plate by Minimum Inhibitory Concentration (MIC) and/or Sensitivity, each plate by Kirby-Bauer and/or Sensitivity, each agent by Agar Dilution Aerobic identification, each organism	87186 87184 87171 87077
Culture, Wound	87070	Gram stain performed if requested and when multiple organisms are present to enumerate neutrophils as a guide to clinical significance of the bacteria growing in culture. If a pathogen is detected it is then identified Sensitivity is performed if applicable.	Gram Stain, if performed Aerobic identification, each organism Sensitivity, each plate by Minimum Inhibitory Concentration (MIC) and/or Sensitivity, each plate by Kirby-Bauer and/or Sensitivity, each agent by Agar Dilution	87205 87077 87186 87184 87181

Standard Profiles - 2013

Test Name	Components	CPT Code
ABO/Rh	ABO Typing Rh Typing	86900 86901
CBC with Manual Diff	CBC Manual Differential	85027 85007
Culture, Blood for Fungus	Isolation with Presumptive Identification Concentration	87103 87015
Culture, Mycobacteriology	Mycobacteria Acid-Fast Stain	87116 87015 87206
Drug of Abuse Panel (DOA 1)	Each Drug Class	80101 x5
Drug of Abuse Panel (DOA 2)	Each Drug Class	80101 x9
Drug of Abuse Panel (Rehab)	Each Drug Class	80101 x9
Flow Cytometry Triage Panel	CD45, CD19, CD34, CD33, CD11b, CD3, CD16-56, Kappa, Lambda	88184 88185 x8
GC and Chlamydia Amplified DNA	GC and Chlamydia Amplified DNA	87591 87491
Glucose Tolerance	Glucose, First Three Specimens Glucose, Each Additional	82951 82952
Hemoglobin Fractionation by Electrophoresis	Hemoglobin Fractionation by Electrophoresis Interpretation	83020 83020-26
Immunofixation Electrophoresis	Immunofixation Electrophoresis Interpretation	86334 86334-26

Immunofixation Electrophoresis, Urine	Immunofixation Electrophoresis Interpretation	86335 86335-26
Influenza A or B AG EIA	Influenza A Antigen Influenza B Antigen	87400 87400
Iron with Transferrin	Iron Transferrin	83540 84466
Malaria Smear	Special Stain Concentration	87207 87015
Ova and Parasite Screen	Giardia antigen Cryptosporidium antigen	87899 87899
Partial Thromboplastin Time (PTT) 50:50 Mix	Partial Thromboplastin Time Substitution Plasma Fractionation	85730 85732
Prothrombin Time (PT) 50:50 Mix	Prothrombin Time Substitution Plasma Fractionation	85610 85611
Serum Protein Electrophoresis	Protein Fractionation and Quantitation Protein Total Serum	84165 84155
Serum Protein Electrophoresis with Interp.	Protein Fractionation and Quantitation Protein Total Serum Interpretation	84165 84155 84165-26
T and B Cell Count	Natural Killer Cells, Total Count B Cells, Total Count T Cells, Total Count Absolute CD4 and CD8 Count w/Ratio	86357 86355 86359 86360
Tissue Culture	Culture, Bacterial Homogenization, Tissue	87070 87176
Total and Direct Bilirubin	Bilirubin, Total Bilirubin, Direct	82247 82248
Type and Screen, Blood	Antibody Screen RBC ABO Typing Rh Typing	86850 86900 86901
Urine Electrolytes	Sodium, Urine Potassium, Urine Chloride, Urine	84300 84133 82436
Urine Protein Electrophoresis	Protein Fractionation and Quantitation Protein Total Urine Volume Measurement	84166 84156 81050
Urine Protein Electrophoresis with Interp.	Protein Fractionation and Quantitation Protein Total Urine Volume Measurement Interpretation	84166 84156 81050 84166-26
Urine Time Chemistry Tests	All timed urine chemistry tests may also include a volume measurement charge	81050
Whole Blood Lytes With Glucose	Sodium, whole blood Potassium, whole blood Chloride, whole blood Calcium, Ionized, whole blood Glucose, whole blood	80051 82947