Coding and Payment Guide for Laboratory Services

An essential coding, billing and reimbursement resource for laboratory and pathology services
## Contents

**Introduction** ................................................................. 1  
Coding Systems ................................................................. 1  
Claim Forms ...................................................................... 3  
Contents and Format of This Guide ................................. 3  
How to Use This Guide .................................................... 3  

**The Reimbursement Process** ........................................ 5  
Coverage Issues .................................................................. 5  
Payer Types ....................................................................... 5  
Payment Methodologies .................................................... 10  
Laboratory and Pathology Reimbursement ......................... 12  
Calculating Costs .............................................................. 21  
Other Factors Influencing Payment .................................... 21  
Participation in Medicare Plans ......................................... 29  
Workers’ Compensation .................................................... 35  
Collection Policies ........................................................... 36  

**Documentation—An Overview** ...................................... 39  
Methods of Documentation ............................................... 39  
General Guidelines for Documentation ............................. 40  
Waste, Fraud, and Abuse ................................................... 41  

**Claims Processing** .......................................................... 51  
What to Include on Claims ................................................. 51  
The Health Insurance Portability and Accountability Act .... 52  
Processing the Claim .......................................................... 55  
Medicare Benefit Notices .................................................. 58  

The CMS-1500 Claim Form .................................................. 62  
How to Complete the CMS-1500 Form ............................. 62  
The UB-04 Claim Form ...................................................... 77  

**Procedure Codes** ........................................................... 85  
CPT Coding Conventions .................................................. 85  
Unlisted Procedures .......................................................... 86  
Modifiers ........................................................................... 86  
Codes .................................................................................. 87  

CPT Index .......................................................................... 723  

ICD-9-CM Diagnosis Codes ................................................ 735  
The Structure of ICD-9-CM ............................................... 735  
The Structure of the Tabular List ....................................... 735  
General Coding Guidelines .............................................. 737  

Medicare Official Regulatory Information ....................... 739  

Glossary ............................................................................ 745  

Appendix A. CLIA Waived Tests ....................................... 757  

Appendix B. Laboratory Fee Schedule ............................... 803  

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Claim Forms
Institutional (facility) providers use the UB-04 claim form, also known as the CMS-1450, or the electronic 837P format to file a Medicare Part A claim to Medicare contractors.

Noninstitutional providers and suppliers (private practice or other health care providers offices) use the CMS-1500 form or the 837P electronic format to submit claims to Medicare contractors for Medicare Part B-covered services. Medicare Part A coverage includes inpatient hospital, skilled nursing facilities (SNF), hospice, and home health. Medicare Part B coverage provides payment for medical supplies, physician, and outpatient services.

Not all services rendered by a facility are inpatient services. Providers working in facilities routinely render services on an outpatient basis. Outpatient services are provided in settings that include rehabilitation centers, certified outpatient rehabilitation facilities, SNFs, and hospitals. Outpatient and partial hospitalization facility claims might be submitted on either a CMS-1500 or UB-04, depending on the payer.

For professional component billing, most claims are filed using ICD-9-CM diagnosis codes to indicate the reason for the service, CPT codes to identify the service provided, and HCPCS Level II codes to report supplies on the CMS-1500 paper claim or the 837P electronic format.

A step-by-step guide for completing the CMS-1500 and UB-04 claim forms and an explanation of the claims filing process can be found in the claims processing section of this Coding and Payment Guide.

Contents and Format of This Guide
The chapters following this introduction provide information regarding the reimbursement process, documentation, and claim completion, respectively.

The fifth chapter, “Procedure Codes for Laboratory Services,” contains a numeric listing of procedure codes. Each page identifies the information associated with that procedure including an explanation of the service, coding tips, associated diagnoses, related terms, and CMS internet-only manual (IOM) references that identify any official references found in the CMS Online Manual System. The full excerpt from the CMS Online Manual System pertaining to the reference is provided in the Medicare official regulatory information chapter. The full excerpt from the CMS Online Manual System pertaining to the reference is provided in the Medicare official regulatory information appendix. The full text of all of the IOMs may be found at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html. The procedure code pages also have a list of codes from the official Centers for Medicare and Medicaid Services National Correct Coding Policy Manual for Part B Medicare Contractors that are considered to be an integral part of the comprehensive or mutually exclusive procedures and should not be reported separately. Please note that the CCI edits will be updated quarterly and posted on Optum’s website at http://www.optumcoding.com/cciedits. Finally, all relative value information relevant to the code is listed at the bottom of the page.

Please note that this list of associated ICD-9-CM codes is not all inclusive. The procedure may be performed for reasons other than those listed that support the medical necessity of the service. Only those conditions supported by the medical record documentation should be reported.

Glossary and CLIA-Waived Tests
The final section consists of:
- A glossary of coding, billing and, clinical terms applicable to laboratory and pathology
- A listing of the tests granted waived status under the Clinical Laboratory Improvements Amendment (CLIA)

Laboratory Cross-Coder
In addition you will find with this book a CD containing up-to-date CPT laboratory codes linked to the ICD-9-CM and HCPCS coding systems.

Some CPT codes are omitted from the listing because consistent and reliable cross-links are almost impossible to establish. Unlisted procedures are an obvious example. Certain types of add-on codes also are treated somewhat differently.

The laboratory cross coder information presents the most likely scenarios as derived from clinical information sources and federal national coverage determinations (NCD). However, the laboratory cross coder information is not a substitute for ICD-9-CM, or any other medical coding reference, and users are urged to regularly consult all available sources. The absence of any specific code does not necessarily indicate that its association to the base procedure is inappropriate. Likewise, the inclusion of a code does not guarantee coverage.

How to Use This Guide
The chapters: “The Reimbursement Process,” “Documentation—An Overview,” and “Claims Processing” may be read in their entirety and/or used as references. When using this Coding and Payment Guide for code assignment, follow these important steps to improve accuracy and experience fewer overlooked diagnoses and services:

- **Step 1.** Carefully read the medical record documentation that describes the patient’s diagnosis and the service provided. Remember, more than one diagnosis or service may be documented.

- **Step 2.** Locate the main term for the procedure or service documented in the CPT index. This will identify the procedure code that may be used to report this service.

- **Step 3.** Locate the procedure code in the chapter titled “Procedure Codes.” Read the explanation and determine if that is the procedure performed and supported by the medical record documentation. The Terms to Know section may be used ensure appropriate code assignment.

- **Step 4.** At this time you can review the additional information pertinent to the specific code found in the coding tips, IOM reference, and CCI sections or the Medicare physician fee schedule references.
**Explanation**
Baseline samples are usually drawn. Dexamethasone is the suppression agent and it is usually administered orally at night. The next morning a fasting blood sample is drawn and rendered to serum. The cortisol level is measured as described in 82533. The free cortisol is a urine test as described in 82530. This panel is a 48-hour work up to differentiate diagnoses, such as Cushing’s syndrome from alcoholism, obesity, and depression.

**Coding Tips**
Many payers consider the use of this test for the diagnosis and management of depression, borderline personality, and post-traumatic stress syndrome to be experimental and investigational. Some carriers may provide benefits for this test, subject to individual consideration, if it is requested by a psychiatrist to differentiate psychotic depression from schizophrenia. Studies demonstrate individuals with psychotic depression fail to suppress cortisol after the dexamethasone challenge, while those with schizophrenia demonstrate suppression. Separately report supplies, drugs, and physician E/M as applicable. Use the appropriate code to report the administration of the evocative/suppression agent (i.e., 96365-96376) when appropriate. Venipuncture is separately reportable. For collection of venous blood by venipuncture, see code 36415. When venipuncture on a patient 3 years of age or older requires the skill of a physician or other qualified health care provider, see code 36410. For venipuncture on a patient younger than 3 years of age performed by a physician or other qualified health care provider, see codes 36400-36406. Most third-party payers and state scope of work exclude the use of a code requiring a physician or other qualified health care provider, by a phlebotomist, or other unlicensed clinical staff. If a specimen is transported to an outside laboratory, report code 99000 for handling.

**Terms To Know**
schizophrenia. Fundamental disturbance of personality and characteristic distortion of thinking, often a sense of being controlled by alien forces, delusions, disturbed perception, abnormal affect out of keeping with the real situation, and auditory or visual hallucinations with fear that intimate thoughts, feelings, and acts are known by others although clear consciousness and intellectual capacity are usually maintained.

**ICD-9-CM Diagnostic Codes**
255.0 Cushing’s syndrome — (Use additional E code to identify cause, if drug-induced)
291.0 Alcohol withdrawal delirium
291.1 Alcohol-induced persisting amnestic disorder
291.2 Alcohol-induced persisting dementia
291.3 Alcohol-induced psychotic disorder with hallucinations
291.4 Idiosyncratic alcohol intoxication
291.5 Alcohol-induced psychotic disorder with delusions
291.8 Alcohol withdrawal
291.82 Alcohol induced sleep disorders
291.89 Other specified alcohol-induced mental disorders
291.9 Unspecified alcohol-induced mental disorders
303.01 Acute alcoholic intoxication, continuous — (Use additional code to identify any associated condition: 291.0-291.9, 304.0-304.9, 331.7, 345.0-345.9, 535.3, S71.1, S71.2, S71.3)
303.02 Acute alcoholic intoxication, episodic — (Use additional code to identify any associated condition: 291.0-291.9, 304.0-304.9, 331.7, 345.0-345.9, 535.3, S71.1, S71.2, S71.3)
303.03 Acute alcoholic intoxication, in remission — (Use additional code to identify any associated condition: 291.0-291.9, 304.0-304.9, 331.7, 345.0-345.9, 535.3, S71.1, S71.2, S71.3)
303.90 Other and unspecified alcohol dependence, unspecified — (Use additional code to identify any associated condition: 291.0-291.9, 304.0-304.9, 331.7, 345.0-345.9, 535.3, S71.1, S71.2, S71.3)
303.91 Other and unspecified alcohol dependence, continuous — (Use additional code to identify any associated condition: 291.0-291.9, 304.0-304.9, 331.7, 345.0-345.9, 535.3, S71.1, S71.2, S71.3)
303.92 Other and unspecified alcohol dependence, episodic — (Use additional code to identify any associated condition: 291.0-291.9, 304.0-304.9, 331.7, 345.0-345.9, 535.3, S71.1, S71.2, S71.3)
303.93 Other and unspecified alcohol dependence, in remission — (Use additional code to identify any associated condition: 291.0-291.9, 304.0-304.9, 331.7, 345.0-345.9, 535.3, S71.1, S71.2, S71.3)
962.0 Poisoning by adrenal cortical steroids — (Use additional code to specify the effects of poisoning)

This list of ICD-9-CM codes might not be all-inclusive. Please refer to your Laboratory Cross Coder to determine if other diagnoses are applicable.

**CCI Version 18.3**
80500-80502, 81050, 82530, 82533

Note: These CCI edits are used for Medicare. Other payers may reimburse on codes listed above.
## TESTS GRANTED WAIVED STATUS UNDER CLIA

<table>
<thead>
<tr>
<th>CPT CODE(S)</th>
<th>TEST NAME</th>
<th>MANUFACTURER</th>
<th>USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>81002</td>
<td>Dipstick or tablet reagent urinalysis – non-automated for bilirubin, glucose, hemoglobin, ketone, leukocytes, nitrite, pH, protein, specific gravity, and urobilinogen</td>
<td>Various</td>
<td>Screening of urine to monitor/diagnose various diseases/conditions, such as diabetes, the state of the kidney or urinary tract, and urinary tract infections</td>
</tr>
<tr>
<td>81025</td>
<td>Urine pregnancy tests by visual color comparison</td>
<td>Various</td>
<td>Diagnosis of pregnancy</td>
</tr>
<tr>
<td>82270</td>
<td>Fecal occult blood</td>
<td>Various</td>
<td>Detection of blood in feces from whatever cause, benign or malignant (colorectal cancer screening)</td>
</tr>
<tr>
<td>82272</td>
<td>(Contact your Medicare carrier for claims instructions.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>82962</td>
<td>Blood glucose by glucose monitoring devices cleared by the FDA for home use</td>
<td>Various</td>
<td>Monitoring of blood glucose levels</td>
</tr>
<tr>
<td>83026</td>
<td>Hemoglobin by copper sulfate – non-automated</td>
<td>Various</td>
<td>Monitors hemoglobin level in blood</td>
</tr>
<tr>
<td>84830</td>
<td>Ovulation tests by visual color comparison for human luteinizing hormone</td>
<td>Various</td>
<td>Detection of ovulation (optimal for conception)</td>
</tr>
<tr>
<td>85013</td>
<td>Blood count; spun microhematocrit</td>
<td>Various</td>
<td>Screen for anemia</td>
</tr>
<tr>
<td>85651</td>
<td>Erythrocyte sedimentation rate – non-automated</td>
<td>Various</td>
<td>Nonspecific screening test for inflammatory activity, increased for majority of infections, and most cases of carcinoma and leukemia</td>
</tr>
</tbody>
</table>