



## ANNUAL NOTICE TO PHYSICIANS – 2010 Laboratory Services

Dear Physician:

The Baptist Health System (BHS) Laboratories is providing this Annual Notice to Physicians as required by the Office of Inspector General (OIG) and the Centers for Medicare/Medicaid Services (CMS). The annual notice is in compliance with the regulations and requirements of the OIG and serves as delineated guidelines used by BHS laboratories for submitting reimbursement claims to Medicare/Medicaid for laboratory testing.

This notice serves to educate, update and inform on issues related to compliance, billing and coding practices of the clinical laboratory. In an effort to help laboratories comply with federal laws and regulations, the following general information applies to all tests ordered within the BHS.

### **Medical Necessity**

As a physician you may order any tests, including screening tests, which you believe are appropriate for the treatment of your patients. However, Medicare will only pay for tests that meet the Medicare/Medicaid definition of medical necessity. **The hospital requires that a written order and a diagnosis code accompany all outpatient diagnostic test orders.**

### **Advance Beneficiary Notice (ABN)**

CMS requires Medicare carriers to implement policies to ensure that services paid by Medicare are medically necessary. Local carriers have established limited coverage policies under which Medicare can deny reimbursement for tests based upon the absence of medical necessity, routine health screening, investigational use only tests and frequency limitations. The patient is liable, providing that an ABN has been given to the patient prior to service. An ABN signed by the patient prior to service is necessary to document that the patient is aware that Medicare might not pay for the test and that the patient has agreed to pay for testing in the event that Medicare payment is denied. The Advanced Beneficiary Notice document will be generated, if necessary, at the time of patient registration.

### **Medicare/Medicaid Fee Schedule and Review Policies**

Medicare/Medicaid will pay for organ or disease related panels only when all components are medically necessary. Medicare/Medicaid payments will be equal to or less than the amounts set forth on the Clinical Laboratory Fee Schedule.

- This Fee Schedule is available for download from the CMS web site at:  
PHYSICIAN PROFESSION FEE SCHEDULE

[http://www.cms.hhs.gov/apps/ama/license.asp?file=/pfslookup/02\\_PFSsearch.asp](http://www.cms.hhs.gov/apps/ama/license.asp?file=/pfslookup/02_PFSsearch.asp)

- The local coverage determination (LCD/NCD) can be viewed at:  
[http://www.cms.hhs.gov/DeterminationProcess/04\\_LCDs.asp](http://www.cms.hhs.gov/DeterminationProcess/04_LCDs.asp)

### Contact Information:

If you have any questions concerning medical necessity of testing please contact Dr. Emily Volk, Laboratory Medical Director.

### New Tests

The following new tests have been added to the laboratory's test menu in the year 2010:

SIM	FIM DESCRIPTION	HCPCS
1122	HEPARIN - ARIXTRA LEVEL	85520
1123	RUSSELL VIPER VENOM DILUTED	85613
1124	PLATELET FUNCTION EPI+ADP PANEL	
1125	LUPUS ANTICOAG EVAL W REFLEX	SEE BELOW
1126	LUPUS ANTICOAG EVAL WO REFLEX	SEE BELOW
1127	IPF (IMMATURE PLATELET FRACTION)	85055
1128	RETIC/HGB CONCENTRATE	85046
3272	TRANSFERRIN	84466
3274	CALCIUM, URINE, QUANT, TIMED	82340
3275	CHLORIDE, URINE	82436
3276	PHOSPHORUS INORGANIC, URINE	84105
3377	PROTEIN TOTAL NOT REFRACT, URINE	84156

### American Medical Association (AMA) Approved Organ and Disease Specific Panels

The AMA has grouped certain tests into panels for coding purposes only. These panel components are not intended to limit performance of other tests. If you order tests in addition to those specifically indicated for a particular panel, those tests are billed separately in addition to the panel requested. Baptist Health System bills disease related test panels as defined by CMS and published in the AMA CPT Coding Guide. Included is a list of all orderable panels with their corresponding CPT/HCPCS codes. Due to Medicare regulations our laboratories cannot perform panels other than those listed below in the Approved AMA Organ and Disease Specific Panels chart. These are pre-printed on the BHS laboratory requisition form. **BHS no longer recommends using the following terms: Chem7, Chem12, Chem18, LFT, CE, Cardiac Enzyme or Liver Function Tests. Instead, please use the terms for the approved organ and disease specific panels, which include the following: *Basic Metabolic Panel (BMP), Comprehensive Metabolic Panel (CMP), Electrolyte Panel, Hepatitis Acute Panel, Lipid Panel, Renal Function Panel, Hepatic Function Panel* (see chart below for complete list of included tests).**

**AMA Approved Organ and Disease Specific Panels**

<p><b>BASIC METABOLIC PANEL (BMP)</b> CPT Code: 80048 Na, K, Cl, Co2, Glu, BUN, Creat, Ca</p> <p><b>BASIC METABOLIC PANEL, POC IONIZED CA</b> CPT Code: 80047 Na, K, Cl, Co2, Glu, BUN, Creat, Ca++</p> <p><b>COMPREHENSIVE METABOLIC PANEL (CMP)</b> CPT Code : 80053 Na, K, Cl, CO2, Glu, BUN, Creat, Ca, TP, Alb, T Bili, AP, ALT , AST,</p> <p><b>ELECTROLYTE PANEL</b> CPT Code: 80051 Na, K, Cl, CO2</p>	<p><b>HEPATITIS ACUTE PANEL</b> CPT Code: 80074 Ha Ab, HbcAb, HbsAg, HCV Ab</p> <p><b>LIPID PANEL</b> CPT Code: 80061 Cholesterol Total, Trig, HDL, LDL Calculated</p> <p><b>RENAL FUNCTION PANEL</b> CPT Code: 80069 Alb, Ca, CO2, Cl, Creat, Glu, Phos, K, Na, BUN</p> <p><b>HEPATIC FUNCTION PANEL</b> CPT Code: 80076 AP, ALT, AST, Total and Direct Bilirubin</p>
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Note: BNP is the acceptable abbreviation for B-Type Natriuretic Peptide.

**Avoid Duplicate Ordering of Panels and Tests**

<b>Incorrect Order</b>	<b>Correct Order</b>
CMP and Renal Function Panel	CMP and PO4
CMP and Hepatic Function Panel	CMP and Bilirubin, Direct
BMP and Renal Function Panel	Renal Function Panel

**Reflex Testing**

Reflex testing occurs when the results of a requested test automatically cause an additional test to be ordered. Under certain conditions the laboratory will reflex the tests listed below according to the criteria approved by the medical staff. Reflex testing is billed according to the individual test performed. Tests that are referred to reference laboratories may also have reflexed, billable tests based upon the guidelines of that reference laboratory.

Two types of reflex testing protocols are identified by the Centers for Medicare and Medicaid Services (CMS) in the National Correct Coding Policy Manual for Medicare Part B Carriers (3<sup>rd</sup> Edition, 1997). The first type are laboratory tests which, if positive, require additional separate follow-up testing which CMS indicates is implicit in the physician's order. Furthermore, the initial test, if positive, requires the additional testing to have clinical value. Reflex tests required by regulatory or accreditation standards are also considered to be of this type.

The second type of reflex tests are those tests where the initial test result may have clinical value without the additional testing. It is this type of reflex testing where CMS anticipates that the physician will be able to use medical judgment in determining that for

a specific patient during a particular episode of care, the initial test provides sufficient clinical information and that the reflex test is not needed. It is in these situations that hospitals and laboratories are required to offer the initial test without the reflex, if the physician so orders.

Reflex tests are listed in the table below.

### BHS Laboratory Reflex Testing

<b>Ordered Test:</b>	<b>Criteria</b>	<b>Required Reflex Testing Ordered:</b> (Additional charge)
ANA with Reflex CPT Code 86039	<ul style="list-style-type: none"> <li>● Any positive or equivocal result</li> </ul>	Analyzer panel includes: <ul style="list-style-type: none"> <li>● Anti dsDNA quantitative</li> <li>● Anti Sm (Smith) IgG</li> <li>● Anti SM/RNP IgG</li> <li>● Anti SSA IgG</li> <li>● Anti SSB IgG</li> <li>● Anti Sci-70</li> <li>● Anti Thyroid Peroxidase</li> <li>● IgG Quantative</li> <li>● Rheumatoid Factor</li> <li>● IgM quantitative</li> <li>● Anti JO-1 IgG</li> <li>● C3, C4</li> </ul> CPT codes 83520, 86431, 86376, 86225, 86265 x 5, 86160 x 2.
LUPUS ANTICOAGULANT w/Reflex	Positive result	DRWT2 (Sure) Code 85597 DRWTM 1:1 Code 85613
HIV-1-2 Screen CPT Code 86703	Any positive or equivocal result	Western Blot CPT Code 86689
RPR CPT Code 86592	Any positive or equivocal result	MHATP CPT 86780 And RPR titer 86593
UA dipstick with reflex CPT Code 81003	Result is: <ul style="list-style-type: none"> <li>● Patient &lt; 16 years old</li> <li>● Positive for occult blood</li> <li>● Positive for protein</li> <li>● Not Normal in color</li> </ul>	UA dipstick with microscopic CPT Code 81001

	<ul style="list-style-type: none"> <li>● Cloudy</li> <li>● Positive for leukocyte esterase with high specific gravity</li> <li>● High Specific gravity and high glucose</li> </ul>	
HbsAg CPT Code 87340	Any positive or equivocal result	HbsAg neutralization CPT Code 86382
Microbiology Cultures Multiple CPT Codes	Identification of pathogen	Antibiotic sensitivity where applicable. Sensitivity not automatically performed n all pathogens. CPT Code 87186 Gram Stain CPT 87205
Rapid Strep Group A CPT Code 87880	Any negative result	Streptococcal Screen Culture Group A CPT Code 87081
Type and Screen	Positive antibody screen	Antibody Identification, Antigen Testing and Two Unit Crossmatch
Transfusion of any product without current order for type and screen	Order for blood product transfusion with no specific order for type and screen	Type and Screen (CPT 86900, 86901, 86885)
CSF Bactogen	Negative or positive result	CSF Culture CPT Code 87070
TSH W/Reflex CPT Code 84443	Abnormal result	Free T4 CPT Code 84439
Protein Electrophoresis	Monoclonal spike	Immunoelectrophoresis CPT 86334
Urine 24 HR or Random Immunoelectrophoresis CPT 84156, 84166	Possible monoclonal pattern	Monoclonal gammopathies (cpt 86335) and possible reflex to IgA. IgM IGG CPT 82784 and Kappa and Lambda light chains CPT 83883
Hgb Electrophoresis CPT 83021	Presumed Hb-S Highly abnormal patterns	Electrophoresis CPT 83020
Flow Cytometry Leukemia/Lymphoma CPT 88184, 88185 x 3, 88189	Path review	Pathology reviews a peripheral blood smear prior to sending specimen to reference laboratory.

### Custom Panels and Organ and Disease Panels

A custom panel is a physician specific group of commonly ordered laboratory tests or panels which have not been defined by the AMA or CMS that are medically necessary in treating a patient's condition. Baptist Health System groups certain tests together for ordering convenience. These tests bill separately.

Panel #	Test Listings
1099	DIC SCREEN 85049 PROTHROMBIN TIME ( INR ) 85610 PARTIAL THROMBOPLASTIN ( PTT ) 85730 PLATELET COUNT 85380 D DIMER TEST
1712	MIXING STUDY PT 85610 PROTHROMBIN TIME ( INR ) 85611 PROTOME PLASMA FRACTIONS
1715	MIXING STUDY PTT 85730 PARTIAL THROMBOPLASTIN ( PTT ) 85732 PTT PLASMA FRACTIONS
1125/1126	LUPUS ANTICOAGULANT EVALUATION W/REFLEX or W/O REFLEX 85610 PT-LA 85730 PTT-LA 85670 THROMBIN TIME 85613 DRWT 85597 STA CLOT LA or DRVVT2 Pathology Interpretation
1127	IPF (IMMATURE PLATELET FRACTION) 85055 IPF% 85049 PLATELET COUNT k/ul
1128	RETIC/HGB CONCENTRATE RET-HE (RETIC HGB CONTENT) PG & 85046 IRF (IMMATURE RETIC FRACTION) % 85045 RETIC COUNT /ul & RETIC ABSOLUTE COUNT %
	VON WILLEBRAND SCREEN 85240 FACTOR VIII ACTIVITY % 85245 RISTOCETIN COFACTOR ACTIVITY % 85246 VWAg %
2003	BACTERIAL AG 86403 PARTICLE AGG SCREEN EA ANTIBODY Haemophilus influenzaeGrp B, Strep. pneumoniae, Strep. agalactiae(Strep Grp B), Neisseria meningitidis, E. coli K1.

2036	WET PREP SMEAR	
	Q0111	GRAM STAIN
	87205	WET MOUNTS, INCLUDING PREP
2056	O+P-EIA	
		CRYPTOSPORIDIUM ANTIGEN
	87329	GIARDIA AG
	87336	ENTAMOEBIA HISTOLYTICA/DISPAR
2059	BORDETELLA PERTUSIS/PARAPERT CULT	
	87081	CULT, PRESUMPT PATHOGEN SCRIN
2061	SMEAR CYCLOSPORA / ISOSPORA	
	87206	ACID FAST SMEAR
1100	CSF PROFILE	
	84157	PROTEIN OTHER FLUID
	82945	GLUCOSE BODY FLUID
	890-51	CELL COUNT FLUID
	87070	CULTURE ROUTINE
	87205	SMEAR FLUID GRAM (CYTOSPIN)
2064	INFLUENZA A + B AG ( RAPID TEST)	
	87804	INFLUENZA A + B AG ( RAPID TEST)
3044	CK MB PANEL	
	82550	CREATINE PHOSPHOKINASE ( CPK )
	82553	CREATINE KINASE MB ONLY
3256	ACUTE MI PANEL	
	82550,	
	82533	CK MB PANEL
	84484	TROPONIN I
3052	DRUGS OF ABUSE URINE	
		Amphetamines, Methamphetamines, Barbiturates, Benzodiazepines,
	G0431	Cocaine, Methadone, Opiates, PCP, THC and Tricyclics
3068	GLUCOSE TOLERANCE TEST 2 HR	
	82951	GLUCOSE TOLERANCE - 3 SPECIMENS
3069	GLUCOSE TOLERANCE TEST 3 HR	
	82951	GLUCOSE TOLERANCE - 3 SPECIMENS
	82952	GLUCOSE TOLERANCE, EACH ADDL SPEC
3070	GLUCOSE TOLERANCE TEST 4 HR	
	82951	GLUCOSE TOLERANCE - 3 SPECIMENS
	82952	GLUCOSE TOLERANCE, EACH ADDL SPEC
3071	GLUCOSE TOLERANCE TEST 5 HR	

82951 GLUCOSE TOLERANCE - 3 SPECIMENS  
 82952 GLUCOSE TOLERANCE, EACH ADDL SPEC

<b>PANEL#</b>	<b>Test Listings</b>
3072	GLUCOSE TOLERANCE TEST 6 HR
	82951 GLUCOSE TOLERANCE - 3 SPECIMENS
	82952 GLUCOSE TOLERANCE, EACH ADDL SPEC
3147	IRON PROFILE
	84466 TRANSFERRIN
	83540 IRON LEVEL
3190	IMMUNOGLOBULIN IGA IGG IGM
	82784 IMMUNOGLOBULIN, IGA
	82784 IMMUNOGLOBULIN, IGG
	82784 IMMUNOGLOBULIN IGM - GAMMA M
3197	ELECTROLYTES TIMED URINE
	84132 POTASSIUM, URINE EACH
	84295 SODIUM, URINE EACH
	82435 CHLORIDE, URINE EACH
	81050 URINE, VOLUME MEAS-TIMED SPEC
3218	SWEAT TEST
	89230 SWEAT COLLECTION BY IONTOPHORESIS
	82438 CHLORIDE, OTHER SOURCE
3240	PEDI ED BASIC METABOLIC PROFILE
	80051 ELECTROLYTES
	82947 BUN (POINT OF CARE)
	84520 GLUCOSE, POINT OF CARE,
3247	ELECTROLYTES RANDOM URINE
	84133 POTASSIUM, URINE
	84300 SODIUM, URINE
	82436 CHLORIDE, URINE
3255	PH STOOL
	83986 PH FLUID
	84376 REDUCING SUBSTANCE, STOOL
3260	OPEN HEART PANEL
	82495 SODIUM
	84132 POTASSIUM ( K )
	82330 CALCIUM IONIZED MEASURED
	82947 GLUCOSE
	85014 HEMATOCRIT
	82803 LAB BLOOD GAS

3707	RT - CO-OXIMETRY	
	85018	RAPIDPOINT405 - HEMOGLOBIN
	82820	RAPIDPOINT405 - HGB - O2 AFFINITY
	82375	RAPIDPNT405-CARBOXYHEMOGLOBIN QNT
	83050	RAPIDPOINT405 - METHEMOGLOBIN QNT
3712	RT - ABG/LYTES/GLU/CO-OX/CA++	
	82803	BLOOD GAS - BY RT
	82330	RAPIDPOINT405 - CALCIUM, IONIZED
	82947	RAPIDPOINT405 - GLUCOSE, QUANT
	85018	RAPIDPOINT405 - HEMOGLOBIN
	82820	RAPIDPOINT405 - HGB - O2 AFFINITY
	82375	RAPIDPNT405-CARBOXYHEMOGLOBIN QNT
	83050	RAPIDPOINT405 - METHEMOGLOBIN QNT
3713	RT - ABG/CO-OX	
	82803	BLOOD GAS - BY RT
	85018	RAPIDPOINT405 - HEMOGLOBIN
	82820	RAPIDPOINT405 - HGB - O2 AFFINITY
	82375	RAPIDPNT405-CARBOXYHEMOGLOBIN QNT
	83050	RAPIDPOINT405 - METHEMOGLOBIN QNT
3714	RT - ABG/LYTES/CA++	
	82803	BLOOD GAS - BY RT
	82330	RAPIDPOINT405 - CALCIUM, IONIZED
3715	RT - ABG/GLU	
	82803	BLOOD GAS - BY RT
	82947	RAPIDPOINT405 - GLUCOSE, QUANT
3716	RT - ABG/LYTES/GLU	
	82803	BLOOD GAS - BY RT
	82330	RAPIDPOINT405 - CALCIUM, IONIZED
	82947	RAPIDPOINT405 - GLUCOSE, QUANT
10033	ANALYZER PANEL	
	86160	COMPLEMENT 3 (C3), COMPLEMENT (4) anti Sm (Smith) IgG, antiSM/ RNP IgG, anti SS-A IgG, anti
	86235	SS-B IgG, anti Scl-70 IgG, anti-Jo1
	86376	MICROSOMAL ANTIBODY (anti Thyroid Peroxidases IgG )
	83520	RHEUMATOID FACTOR,IGM ANTIBODY
	86431	RIBOSOMAL AB
10058	ANTICARDIOLIPIN PHOSPHOLIPID PNL	
	86147	CARDIOLIPIN ANTIBODies IGG, IGM, IGA
10155	EXTRACTABLE NUCLEAR ANTIGEN, PNL	
	86235	anti SM IgG and anti SM/RNP

20064	TYPE + SCREEN	
86900	ABO TYPE ONLY	
86901	RH TYPE	
86885	COOMBS INDIRECT	
20069	CORD BLOOD WORKUP	
86900	ABO TYPE ONLY	
86901	RH TYPE	
86880	DIRECT COOMBS, ANTI-IGG ONLY	
20174	COOMBS DIRECT PANEL	
86880	DIRECT COOMBS, ANTI-IGG ONLY	
86880	DIRECT COOMBS, ANTI-POLY ONLY	
86880	DIRECT COOMBS, ANTI-C3 ONLY	
80055	OB PANEL	
1014	CBC WITH AUTO DIFF	
4015	HEPETITIS B SURFACE AG	
86762	RUBELLA	
4025	RAPID PLASMA REAGIN (RPR)	
86850	ANTIBODY SCREEN RBC	
86900	ABO	
86901	RH	

### Test Substitutions/Order Clarifications

When a physician requests	This will be performed
Cardiac Enzymes or CE	Acute MI Panel consisting of CK, CKMB and Troponin
Type and Cross	Type and screen will be performed and the number of units requested will be available in the blood bank for that patient. <b>Should that patient require a transfusion an additional physician order for transfusion of the units is required.</b>
Liver Function Tests or LFT	Hepatic Function Panel Consisting of AP, ALT, AST , Total and Direct Bili
INR	PT - The INR is a calculation based upon the Prothrombin Time.

Note: BNP is the acceptable abbreviation for B-Type Natriuretic Peptide.

**NEW AND REVISED CPT CODES FOR LAB AND PATHOLOGY – 2010  
CODE CHANGES**

<b>HCPCS</b>	<b>Description</b>
83021	HEMOGLOBIN ELECTROPHORESIS
Correction to coding caused this to change to a panel	PNH CD 59 EXPRESS SUGWAT
87641	MRSA SCREEN BY PCR
G0431	ANTI-DEPRESSANT-DRUG LEVEL
G0431	MORPHINE, QUALITATIVE
G0431	SUBST ABUSE 10 PAN SCR N COC
G0431	SUBST ABUSE 5 PAN COC NIDA CLO
G0431	SUBST ABUSE 5 PAN W/CONF NIDA
G0431	SUBST ABUSE 6 PAN SCR N COC
G0430	TRICYCLIC SCREEN, QUALITATIVE
85520	HEPARIN 10A UNFRACTIONATED
G0430	COMPREHENSIVE MECONIUM DRUG PANEL
86780	AB TREPONEMA PALLIDUM
G0431	DRUG SCREEN, QUALITATIVE,EA CLASS

**CBC REFLEX TESTING DECISION TABLE**

The below testing will be reflexed based upon the testing parameters.

<b>Ordered Test:</b>	<b>Criteria</b>	<b>Required Reflex Testing Ordered</b>
CBC with auto diff CPT Code 85025	Please see decision table located on last page. Auto diff will not be reported if the instrument flags it as invalid.	CBC w/manual diff CPT 85007 <b>(no additional charge)</b>
CBC with auto diff CPT Code 85025	Please see decision table located on last page	CBC with auto diff CPT Code 85025 and Peripheral blood smear scan CPT Code 85008 <b>(no additional charge)</b>

**MANUAL DIFFERENTIAL (CPT 85007) OR SLIDE SCAN FOR REVIEW (CPT 85008)**

Baptist Health System is now reporting a six part automated differential when a CBC with auto differential is ordered. The new parameter being reported is immature granulocytes.

Parameter	Smear Review	Pathologist Review
		<b>1st Time only</b>
WBC [ $\times 10^3/\mu\text{L}$ ]	$\leq 2.0$ $\geq 30.0$	Significant abnormal cells seen.
Immature granulocytes	$\geq 7\%$	Significant abnormal cells seen.
Lymphocytosis	$\geq 8.0$ children $\geq 5.0$ adults	Significant abnormal cells seen.
Atypical Lymphocytes	When present	Significant abnormal cells or increase seen.
Monocytes	$\geq 20\%$	$\geq 2.0$ absolute count or significant abnormal cells seen.
Basophils	$\geq 0.3$	$\geq 0.3$
HGB [g/dL]	$\leq 6.0$	All cases
MCV [fL]	$\leq 65$ $\geq 115$	Significant abnormal cells seen.
RDW %	$\geq 24.0$	Significant abnormal cells seen.
PLT [ $\times 10^3/\mu\text{L}$ ]	$\leq 50$ $\geq 1,000,000$	Significant abnormal cells seen.
Significant RBC/WBC abnormality, blasts, other abnormal cells	All	All, Blasts are critical reviews
NRBC [/100 WBC]	$\geq 20$	Significant abnormal cells seen.
Children <90 days old	All	Significant abnormal cells seen.
Cold Agglutinin	Initial diagnosis	All cases
CSF	All	>10 WBC
Body Fluids & Crystals	All	Significant abnormal cells seen..



## ANNUAL NOTICE AND REFLEX TESTING ACKNOWLEDGMENT

Reflex testing occurs when initial test results are positive or outside normal parameters and indicate that a second related test is medically appropriate. Two types of reflex testing protocols are identified by the Centers for Medicare and Medicaid Services (CMS) in the National Correct Coding Policy Manual for Medicare Part B Carriers (3<sup>rd</sup> Edition, 1997). The first type are required reflex tests: Laboratory tests which, if positive, require additional separate follow-up testing to have clinical value. The need for follow up testing is implicit in the physician's order. Reflex tests required by regulatory or accreditation standards are also considered to be of this type.

The second type are optional reflex test: Laboratory tests where the initial test result may have clinical value without the additional testing. It is this type of reflex testing where CMS anticipates that the physician will be able to use medical judgment in determining that for a specific patient during a particular episode of care, the initial test provides sufficient clinical information and that the reflex test is not needed. It is in these situations that hospitals and laboratories are required to offer the initial test without the reflex, if the physician so orders. The physician must specifically order the reflex

The Hospital, the Executive Committee of the Medical Staff and its governing board share responsibility for assuring that the care provided at the hospital meets or exceeds acceptable standards. The approved reflex testing protocols are an integral part of the provision of appropriate care to all patients.

Attached is the list of approved reflex testing protocols in use at Baptist Health System.

- For those protocols that fall into the required reflex test category, references to regulatory or accreditation standards are provided. These reflex tests will always be performed if the reflex criteria are met.
- For those protocols that fall into the optional reflex test category, we anticipate that you will exercise your professional judgment when ordering the test for a specific patient in a specific clinical situation. If you desire the optional reflex test your order must indicate the reflex test is needed if not your order must indicate without the reflex if the additional testing is not necessary.

The hospital bills for reflex tests according to the CPT codes listed on the attachment.

The Annual Notice also includes a list of organ and disease panels in use at the Baptist Health System. These panels are for the ease and convenience of physician ordering. The tests listed in the panels bill separately.

A list of test substitutions and order clarifications is included to eliminate ambiguous test orders and to expedite patient care.

ACKNOWLEDGMENT:

I acknowledge that I have received and reviewed the list of reflex testing protocols approved by the Executive Committee of the Medical Staff of Baptist Health System.

I understand that the protocols identified as belonging to category one will always be performed and billed when the criteria for the reflex is met.

I understand that the protocols identified as belonging to category two will always be performed and billed when the criteria for the reflex is met, unless, in my medical judgment, the reflex test is not necessary and I specifically order the initial test without the reflex.

I understand that the Annual Notice also includes a list of organ and disease panels in use at the Baptist Health System. These panels are for the ease and convenience of physician ordering. The tests listed in the panels bill separately.

I understand that a list of test substitutions and order clarifications is included to eliminate ambiguous test orders and to expedite patient care.

Please follow this link:

<http://www.surveymonkey.com/s/labannualnotice2010>

Or sign below:

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician ID number: \_\_\_\_\_