

Diagnostic Information Requirements

Customer Profile Policy

The Balanced Budget Act (BBA) of 1996 amended the Social Security Act to require that, where diagnostic or other information may be required for payment to be made to an entity (e.g., laboratory, radiology), *"The physician or practitioner will be required to provide diagnostic information to the entity at the time the service is ordered by the physician or practitioner."* The most accurate way of providing this information is the use of ICD-9-CM coding at the highest level of specificity.

When the physician or practitioner orders multiple tests or services, the appropriate diagnosis (or diagnoses) should be linked to the tests being ordered for that diagnosis (or diagnoses).

If the test or service requested is subject to the limitation of liability provisions and may be denied due to lack of medical necessity, Medicare recommends that the physician or practitioner obtain a signed waiver of liability from the patient to protect the billing entity from liability.

General Health Panel

Please take a moment to review the following important information about the General Health Panel, CPT code 80050. The General Health Panel includes the following:

Comprehensive Metabolic Panel 80053

Complete Blood Count (CBC) 85025

TSH 84443

Medicare and some insurance carriers exclude the General Health Panel 80050 from payment provision, deeming it to be a routine screening procedure. In fact, you will not find CPT code 80050 on Medicare's laboratory fee schedule.

You will notice the laboratory ordering requisition does not contain the General Health Panel.

Medicare beneficiaries will be responsible for payment in full on the laboratory test General Health Panel. As a courtesy, please notify your patient that Medicare will deny payment for this procedure.

When the patient's condition indicates the need to order the components of a General Health Panel, physicians are encouraged to order the testing on an individual basis and supply the appropriate diagnosis code information to support medical necessity on each procedure.

The laboratory is unable to change the physician order by either billing the General Health Panel 80050 as components, or combining the components into the General Health Panel.

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It is the policy of Saint Vincent Healthcare (SVH) to offer only the organ or disease specific profiles or CPT-recognized profiles that are defined by the American Medical Association (AMA) and endorsed by HCFA. Please refer to the current year edition of the [AMA Current Procedural Terminology](#) CPT code book.

