

Date: August 1, 2013

To: Physicians and Providers ordering tests from UC San Diego Health System Clinical

Laboratories

Subject: Annual Compliance Notice

From: Ronald W. McLawhon, MD, PhD

Director of Clinical Laboratories, Professor and Head UC San Diego Health System Clinical Laboratories

UC San Diego Health System Clinical Laboratories are committed to ensuring compliance reimbursement regulations set forth by the Centers for Medicare and Medicaid Services. The Office of the Inspector General's "OIG Compliance Program Guidance for Clinical Laboratories" provides guidelines to health care providers who provide clinical laboratory testing services to Medicare and Medi-Cal beneficiaries. Included is the requirement that clinical laboratories provide an annual notice to physicians regarding pertinent Medicare rules, regulations, policies and billing requirements.

• **Medical Necessity:** Our requisitions are designed to emphasize physician choice. A physician must be able to order any test that he/she believes is appropriate and medically necessary for the diagnosis and/or treatment of his/her patient. You are encouraged to order tests separately whenever ALL the tests included in an approved panel are not needed.

Section 1862(a)(1)(A) of the Social Security Act (42 U.S.C. 1395y(a)(1)(A) defines "medical necessity" as follows:

"No payment may be made under [Medicare] part A or part B... for any expenses incurred for items or services... (1)(A) which... are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."

Medicare and Medi-Cal may deny payment where there is insufficient documentation in the medical record (in the form of diagnosis codes, signs and symptoms) to support the medical necessity of each of the ordered tests.

Medicare generally does not cover routine screening medical exams or screening tests.

Please note: The OIG takes the position that a physician who orders medically unnecessary tests for which Medicare and Medi-Cal reimbursement is claimed may be subject to civil money penalties under the False Claims Act and other Federal statutes.



- **Required Information:** If you are ordering laboratory tests manually, please use laboratory requisitions preprinted with your location information. The following information is required on all laboratory requisitions:
 - Patient name, Medical Record # (1234567-8) and birth date
 - Current patient billing #
 - Indicate test(s) to be performed
 - Physician name
 - Indicate if order is stat or routine
 - PID#
 - Indicate specimen type
 - ICD-9 diagnosis code(s)
 - Date and time of specimen collection
- **Reflex Testing Policy:** Reflex testing may be performed in the absence of a specific written order when results of initial testing indicate that a second, related test is medically appropriate. For questions regarding specific tests, please see the On-Line Lab User's Guide (in PCIS) or in Lab Ref: http://health.ucsd.edu/Labref/. Providers who prefer that reflex testing not be performed may contact the laboratory.
- Add-On Test Request Policy: This policy is to ensure that "add-on" requests for clinical laboratory tests are properly documented in accordance with federal guidelines. All "add-on tests" must be submitted on the "Add-On Test Request" form (D6080) or ordered in Epic. If the add-on order is a paper order, please provide the 9 requirements stated under Required Information above. A written request or Epic order for the added testing must be submitted before the laboratory reports the test results.
- **Standing Order Policy:** A standing order directs the laboratory to perform a particular test(s) at <u>specified intervals</u> for a defined time period without having to submit a new requisition form or electronic order each time. Manual standing orders must be renewed in writing **every six months** and must be submitted to the blood drawing location where the patient will access services using a standing order requisition form (D6079). Electronic standing orders must be renewed in Epic. Please provide the 9 requirements stated in **Required Information** as well as the following information:
 - Start/Stop day, month and year (6 month intervals 06/01/13-12/01/13)
 - Frequency the test is to be performed. The use of the phrase "as the occasion arises, or as necessary" (PRN/prn) is not an acceptable frequency. Please state how often the test should be performed such as "every two weeks." When exceptions occur, you may use a regular requisition or place a separate order in Epic
 - Panel Testing and Pricing: All routine chemistry tests should be ordered separately except when all the tests contained in federally defined laboratory panels are medically necessary. Test panel pricing is based on the cost of each component included in a test panel. In no case are individual tests or profiles priced below cost. No tests are provided to customers or potential customers free of charge or at below cost either as a professional courtesy or in order to secure additional business. Panels are paid and



billed only when all components are medically necessary. A complete listing of panel tests, CPT codes and prices is attached.

• Billing Practices:

- o UC San Diego Health System Clinical Laboratories will submit bills only for tests that are ordered and performed.
 - Calculated test results are not billed. The reporting of such calculation as part of the test results does not affect any claims for reimbursement to federal or privately funded health care programs.
 - Tests will only be billed if performed and reported. Tests that cannot be performed because of specimen limitations or technical problems will not be billed. If a portion of a panel cannot be performed, the panel will be credited and the remaining performed tests will be billed appropriately.
- No tests are provided to customers or potential customers free of charge or at less than cost either as a professional courtesy or in order to secure additional business.

Laboratory Web Site Resources:

UCSD Laboratory Reference:

http://www.testmenu.com/ucsd

Stark Law:

http://www.cms.gov/PhysicianSelfReferral/

UCSD Corporate Compliance

http://health.ucsd.edu/compliance

CMS Clinical Laboratory Information Resource for Medicare:

http://www.cms.hhs.gov/center/clinical.asp

CMS National Coverage Determinations (NCD's):

http://www.cms.hhs.gov/mcd/index section.asp?ncd sections=40

Local Coverage Determinations (LCD's):

http://www.cms.hhs.gov/mcd/index section.asp?ncd sections=40

• Laboratory/Pathology Clinical Consultants are available to assist you with any questions. Please contact:

Ronald W. McLawhon, MD, Chief Compliance Officer, UC San Diego Health System Clinical Laboratories Compliance Program, 858-657-5685



PANEL PROFILE INFORMATION 2013

PROFILE NAME	CPT CODE	COMPONENTS	MEDICARE PAYMENT
Basic Metabolic Panel	80048	Calcium (82310) Carbon Dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	\$11.63
Electrolyte Panel	80051	Carbon Dioxide (82374) Chloride (82435) Potassium (84132) Sodium (84295)	\$9.64
Comprehensive Metabolic Panel	80053	Albumin (82040) Bilirubin; total (82247) Calcium (82310) Carbon dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase; alkaline (84075) Potassium (84132) Protein; total (84155) Sodium (84295) Transferase; alanine amino (ALT) (SGPT) (84460) Transferase; aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	\$14.53
Lipid Panel	80061	Cholesterol, serum or whole blood, total (82465) Triglycerides (84478) Lipoprotein, direct measurement, HDL Cholesterol (83718)	\$ 18.42
Liver Panel or Hepatic Function Panel	80076	Albumin (82040) Bilirubin; total (82247) Bilirubin; direct (82248) Phosphatase; alkaline (84075) Protein, total (84155) Transferase; alanine amino (ALT) (SGPT) (84460) Transferase; aspartate amino (AST) (SGOT) (84450)	\$11.23
Renal Function Panel	80069	Albumin (82040) Calcium (82310) Carbon Dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) 84100 Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	\$11.94



REFLEX TESTING PERFORMED BY UCSD HEALTH SYSTEM CLINICAL LABORATORIES

When initial test results are positive or outside normal parameters, additional medically appropriate confirmatory test(s) may be ordered, unless declined. The following reflex test(s) will be performed at an additional charge:

Laboratory	Trigger	Reflex Test
Anatomic Pathology	Atypical Pap screen result	HPV, Digene HC-2
	Her2 IHC result of 1+ or 2+	Her2 FISH
Blood Bank	Positive antibody screen	Antibody identification and/or titer RBC Ag typing
	Red cells requested on patient with positive antibody	Antigen typing to identify antigen-negative donor units
	Negative Rh test	Testing for weak D (aka, Du) on all cord blood
	All requests for ABO/Rh, antibody	Direct Coombs test
	screen, crossmatch on neonates	
	Positive autocontrol in antibody ID	Direct Coombs test
	Fetal transfusion on neonates	Hemoglobin S screening of donor units, CMV neg, Irradiated.
	Cord blood, if:	All:
	Mother is type O or unknown Mother is Rh-negative Mother has clinically significant RBC antibody No maternal antibody screen in 8 months	Perform ABO/Rh (and weak D if Rh-neg) and DAT and perform corresponding antigen type if mother has a clinically significant antibody.
	Donor-directed red cell units	Irradiation
	HLA-matched plateletpheresis units	Irradiation
	Apheresis granulocytes	Red cell crossmatch
	Red cells ordered on patient with	Red cell antigen matching of all donor units/HbS testing of unit
	known sickle cell disease	
	Patient has warm auto-antibody	Red cell phenotyping, supply or order phenotype matched units
	Equivocal Kleihauer/Betke	Fetal hemoglobin by flow cytometry
	Report of transfusion reaction	ABO/Rh, DAT, hemolysis on post-reaction blood; and if indicated; antibody screen, re-crossmatch; LDH, T/D bilirubin; haptoglobin; gram stain unit; culture unit; anti-HLA antibody tests; IgA level, anti-IgA antibody test
	Report of platelet refractoriness with anti-HLA and/or platelet specific antibodies	Antibody identification
	Prepare platelet order for a patient with anti-HLA and/or platelet specific antibodies	Order antigen-negative, or HLA-matched, or crossmatched platelets
	T/S Prep which results in a positive antibody screen	Crossmatch two RBCs or as requested
Hematology/Coagulation	If free Protein S is < 65% in a non- pregnant or post-partum patient	Factor X activity plus Clinical Interpretation must be performed
	If Protein C is abnormal and the free Protein S is normal	Factor VII activity plus Clinical Interpretation must be performed
	If both Protein C and Protein S are abnormal	Factor X activity plus Clinical Interpretation must be performed
	If the Factor X activity is normal with a normal PT and the free Protein S antigen is <50%	Protein S crossed immunoelectrophoresis plus Clinical Interpretation must be performed
	Abnormal DRVVT (Screen)	DRVVT 1:1 mix, DRVVT-Confirm plus Clinical Interpretation
HLA	PRA Antibody screen	Antibody Identification



Microbiology	Positive Microbiology Cultures	Identification, typing and/or susceptibilities will be performed on
		appropriate isolates
	Rapid Strep A	If negative, culture will be performed
	Rapid Influenza A/B	If negative, PCR will be performed
	Positive Cryptococcus AG	Quantitative titer
Rheumatology	Positive antibody screen (AMA, ANCA, ANA, ASMA, RNP, SSA, SSB, SM)	Antibody titering
	Positive cryoglobulin screen	Quantitative protein test; if result is >15 mg/dl, rheumatoid factor testing will be performed on the cryoglobulin supernatant and serum
Toxicology	Positive urine drug screen	Comprehensive drug panel to identify/confirm presence of drug(s) (some tests performed in house and others by outside laboratory)
Virology/Serology	Positive RPR	Quantitative RPR and TPPA
	Positive Rapid HIV-1	HIV-1 Antibody (performed in Chemistry)
	Positive Coccidioides ID and/or CF	Quantitative Titer
	Positive VDRL	VDRL Quantitative Titer



LABORATORY NATIONAL COVERAGE DETERMINATIONS FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES*

http://www.cms.hhs.gov/mcd/index section.asp?ncd sections=40

- Alpha-fetoprotein (190.25)
- Blood counts (190.15)
- Blood glucose testing (190.20)
- Carcinoembryonic antigen (190.26)
- Collagen cross links, any method (190.19)
- Colorectal cancer screening tests (210.3)
- Cytogenetic Studies (190.3)
- Diagnostic Pap Smears (190.2)
- Digoxin Therapeutic Drug Assay (190.24)
- Fecal occult blood test (190.34)
- Gamma glutamyl transferase (190.32)
- Glycated hemoglobin/glycated protein (190.21)
- Hepatitis panel/acute hepatitis panel (190.33)
- Histocompatibility testing (190.1)
- Human chorionic gonadotropin (190.27)
- Human Immunodeficiency Virus (HIV) Testing (Diagnosis) (190.14)
- Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring) (190.13)
- Human tumor stem cell drug sensitivity assays (190.7)
- Laboratory Tests CRD Patients (190.10)
- Lipid testing (190.23)
- Obsolete or Unreliable Diagnostic Tests (300.1)
- Partial thromboplastin time (190.16)
- Prostate Cancer Screening Tests (210.1)
- Prostate specific antigen (190.31)
- Prothrombin time (PT) (190.17)
- Screening for the Human Immunodeficiency Virus (HIV) Infection (210.7)
- Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer (210.2)
- Serologic Testing for Acquired Immunodeficiency Syndrome (AIDS) (190.9)
- Serum iron studies (190.18)
- Thyroid testing (190.22)
- Tumor antigen by immunoassay CA 125 (190.28)
- Tumor antigen by immunoassay CA 15-3/27.29 (190.29)
- Tumor antigen by immunoassay CA 19-9 (190.30)
- Urine culture (190.12)



Palmetto GBA LOCAL COVERAGE DETERMINATIONS*

http://www.cms.hhs.gov/mcd/index section.asp?ncd sections=40

- Allergy testing (L28234)
- Bladder Tumor Markers (L31302)
- Flow Cytometry (L30692)
- Free Prostate Specific Antigen (PSA) Test (L28261)
- Molecular Diagnostic Tests (MDT) (L32288)

^{*}Based on information available on listed websites - check websites for current information